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**FORTY-SECOND ANNUAL
REPORT OF THE COUNTY
MEDICAL OFFICER.**



**COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.**

1930.

XLII

1930.



WEST RIDING OF YORKSHIRE COUNTY COUNCIL.

FORTY-SECOND

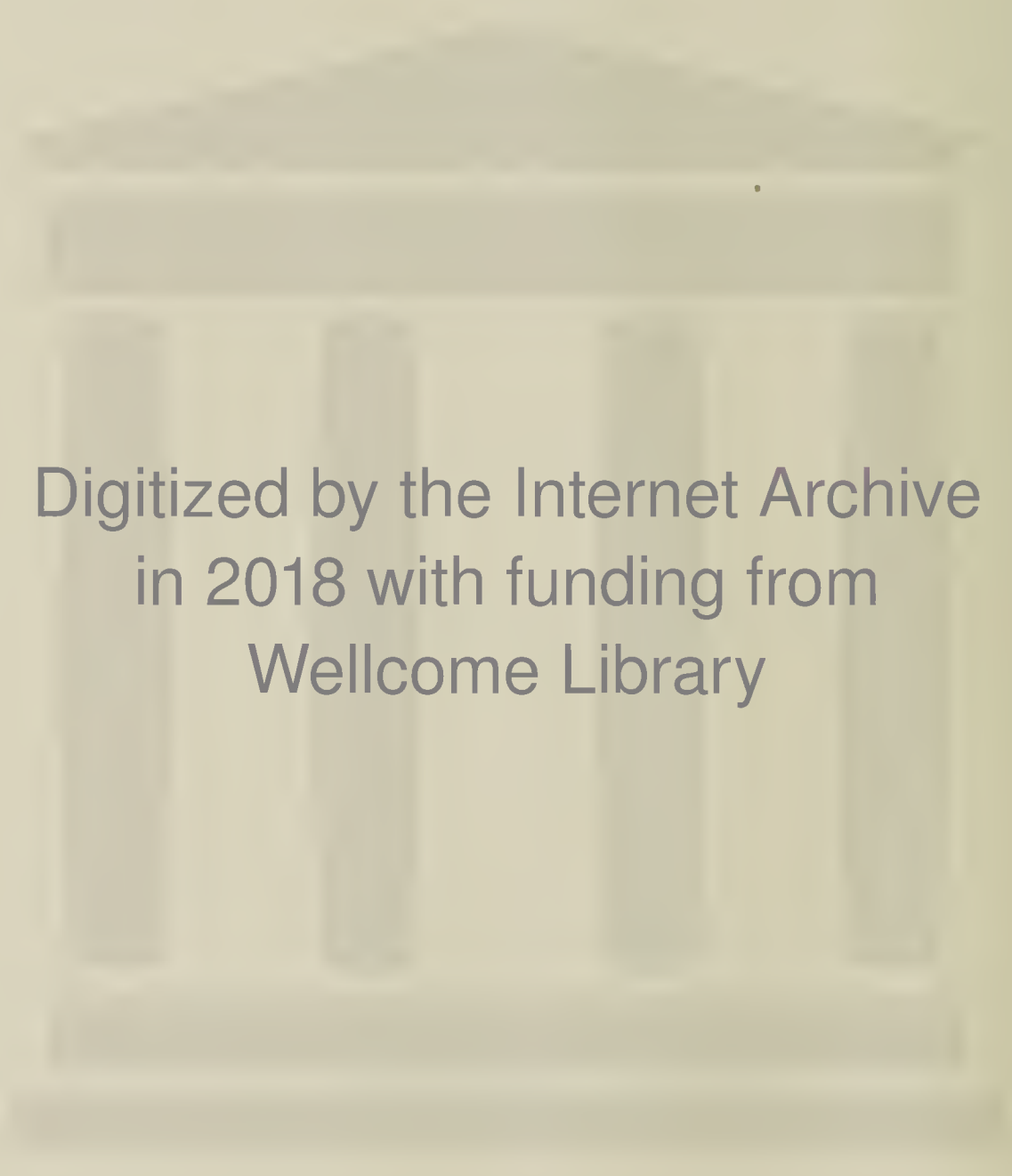
ANNUAL REPORT

OF THE

County Medical Officer,

FOR THE YEAR 1930.

*Printed by Order of the Public Health and Housing Committee,
21st September, 1931.*



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WEST RIDING PUBLIC HEALTH AND HOUSING COMMITTEE

CHAIRMAN

County Alderman G. Probert

VICE-CHAIRMAN

County Alderman T. C. Watson

COUNTY ALDERMEN

Blackburn, A. K.	Mallalieu, F. W.
Dawson, Major J. M.	Tomlinson, T.
Fawkes, Major F. H.	Turner, Sir B., M.P.
Hinchliffe, Sir J. P.	Unwin, Miss H.

COUNTY COUNCILLORS

Allan, J. T.	Hitchen, R.
Armistead, Lt.-Col. R. B.	Illingworth, E.
Bagnall, Capt. W. G.	Inglis, E. P.
Bailey, A. R.	Jones, W. E.
Bevan, S. G.	Kaye, C.
Blewitt, W. T.	Knox, W. I.
Carrington, A.	Larrad, A. J.
Charlesworth, H.	Lightowler, R.
Clough, W.	Mellor, J. W.
Corfield, A.	Oldham, G. T.
Dean, W.	Parker, J.
Eddy, H.	Rhodes, Major H.
Edwards, E.	Richardson, J.
Flavell, A.	Sheldon, J.
Fletcher, A.	Siddall, J.
Fouchard, A.	Simpson, J. W.
Goodall, N.	Spence, T. F.
Griffiths, G. A.	Tack, A. W.
Haslegrave, Mrs. M. K.	Waddilove, V.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH
AND HOUSING COMMITTEE OF THE COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health conditions of the County for the year 1930.

In accordance with Circular 1119 of the Ministry of Health, additional information is included relating to the Local Government Act, 1929, and to the general provision of health services in the area.

It is satisfactory to note a fall in the general death-rate. The figure, 11·4, is the lowest ever recorded for the West Riding Administrative County; a correspondingly low rate is likely to be obtained elsewhere in England and Wales. The birth-rate (16·9) varied very little from that of the previous year, while the infantile mortality rate showed a welcome fall to 65. The latter figure, representing 1,689 deaths of infants under one year of age in the Riding, is still capable of further reduction, however.

It will be noticed that of this total, 123 were caused by acute infectious diseases, 290 by bronchitis and pneumonia, and 882 by congenital conditions, premature birth, etc.

In connection with this last-named group, the large number of definite or suspected cases of attempted abortion or miscarriage coming to the notice of your Department is a cause of constant concern. This criminal practice is one which is very difficult to prove in the majority of cases; the leading personages naturally do not give information which will incriminate themselves, and the deterrent effect of publicity is absent.

It is a reasonable conjecture that efforts to destroy the intra-uterine life of the fœtus which have not been fully successful in causing abortion should, in many cases, lead to still-birth or feebleness and dangerous weakness of the new-born infant, so that of those born alive many die in the first month of independent life. It is assumed, therefore, that an appreciable number of the 882 deaths of infants classified under the head of congenital conditions, in addition to a proportion of the 1,222 still-births registered, were due directly to illegal interference.

Another matter to which special reference should be made is that of maternal mortality. The number of deaths of mothers in childbirth in the West Riding is distinctly high compared with the rate in the country generally. It will be remembered that a report of a Departmental Committee issued recently revealed that 48 per cent. of these deaths were preventable. A Sub-Committee of the Child Welfare Committee is engaged in considering this report in detail to see how far its recommendations are being met, or can in future be met by administrative action of your Department. It should always be kept in the forefront of reflection that investigations of this subject have merely demonstrated our inability to attribute maternal mortality to any single cause, and the lead which these reports give is that, in the present state of knowledge, all likely causes should be removed. The problem is an intricate one, but its solution rests very largely in the hands of your Committee and its Department—in the provision of ante-natal care, of lying-in accommodation, of skilled assistance in emergency, and in the obtaining of a high standard of obstetric practice among doctors and midwives. It will be only by close co-operation among these units and the conscientious execution by each of their respective functions that an appreciable reduction in this serious mortality will be effected.

The subject of hospital accommodation is receiving considerable attention at the present time, and at least four standing committees of the County Council are facing different aspects of this question. The interdependence of the different types of institution—"general," "maternity," "infectious diseases," "public assistance," "mental," "orthopædic," "tuberculosis"—becomes increasingly apparent; and if the best interests of the County are to be served it will be necessary for each Committee to have constant regard for the activities of its neighbour.

During the year special reports involving considerable reorganisation of central and outside staffs have been presented to your Committee, and were subsequently confirmed by the County Council. In particular the extension of the laboratory staff now provides greater facilities for medical practitioners and Local Authorities in the carrying out of their respective duties; and it is anticipated that the additional provision of staff and equipment in the tuberculosis section will reflect their benefit by a reduction in the notifications of this disease.

I take this opportunity of expressing my appreciation of the friendly co-operation of Medical Officers of Health and Sanitary Inspectors throughout the Administrative County. It is also with pleasure that I record the keen and efficient service of all sections of the Department during the year.

I am,

Your obedient Servant,

T. N. V. POTTS,

County Medical Officer.

County Hall, Wakefield,
August, 1931.

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NOTE.—THE ROMAN NUMERALS REFER TO THE LONG TABLES IN THE APPENDIX.

STAFF (JULY, 1931).**County Medical Officer and School Medical Officer.**

T. N. V. Potts, M.D., B.S., B.Hy., D.P.H.

Administrative Assistant Medical Officers of Health.

P. L. Sutherland, M.B., Ch.B., D.Sc. (Pub. Health).	County Bacteriologist and Pathologist.
A. W. Frew, L.R.C.P. & S.E., L.R.F.P. & S.G., D.P.H.	Chief V.D. Officer and General Public Health.
R. Lawrence, M.D., Ch.B., D.P.H.	Chief Assistant School Medical Officer and Child Welfare Medical Officer.
G. S. Johnston, M.D., Ch.B., D.P.H.	Chief Clinical Tuberculosis Officer.
M. M. Barritt, L.M.S.S.A.	Assistant Bacteriologist.

District Tuberculosis Officers.

E. A. Wilson, M.D., M.R.C.S., L.R.C.P.	T. W. Ruttledge, M.B., Ch.B., D.P.H.
G. A. Crowley, B.A., M.D., B.Ch., D.P.H.	J. E. Gething, B.A., M.B., Ch.B.
G. M. B. Liddle, M.B., B.Ch., F.R.C.S., D.P.H.	E. J. C. Groves, M.B., Ch.B.
A. Leitch, M.B., Ch.B., D.P.H.	V. Ryan, M.D., Ch.B., D.P.H.
	H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
	(2 vacancies).

Sanatorium Medical Staffs.

G. S. Johnston, M.D., Ch.B., D.P.H.	Chief Clinical Tuberculosis Officer, Medical Superintendent, Cardigan Sanatorium.
Thompson Campbell, M.D., C.M.	Medical Superintendent, Middleton Sanatorium.
C. J. Martin, B.A., M.B., B.Ch. ...	Senior Assistant M.O., Middleton.
S. Rodker, M.R.C.S., L.R.C.P. ...	Second Assistant M.O., Middleton.
J. C. Abell, M.B., Ch.B. ...	Third Assistant M.O., Middleton.
W. Lee, M.B., Ch.B. ...	Medical Superintendent, Crookhill Hall Receiving Home.
H. Bird Sproat, M.D., Ch.B. ...	Medical Superintendent, Mitchell Memorial Home, Rawdon.
M. Sharp, M.B. ...	Medical Superintendent, Eldwick Sanatorium.

Sanatorium Nursing Staffs.

Middleton Sanatorium ...	Matron, G. M. Stainfield. Nursing Staff, 37.
Cardigan Sanatorium ...	Matron, J. Pegg. Nursing Staff, 6.
Crookhill Hall ...	Matron, Marie A. Toogood. Nursing Staff, 6.
Eldwick Sanatorium ...	Matron, Martha Heslop. Nursing Staff, 5.
Mitchell Memorial Home ...	Matron, A. Burnett. Nursing Staff, 3.

Venereal Diseases Officers.

There are 18 part-time Medical Officers of Clinics; see list on page 27.

School Oculists.

C. S. Stoddart, M.B., Ch.B.
C. G. K. Sharp, M.D., Ch.B.

School Medical Inspectors.

S. Lindsay, M.B., Ch.B.	G. M. Mayhall, M.R.C.S., L.R.C.P.
N. Allan, M.B., Ch.B.	E. I. Thornley, M.B., Ch.B., D.P.H.
J. Coupland, M.B., B.S., D.P.H.	B. M. Newlands, M.B., Ch.B., D.P.H.
J. M. Macmillan, M.B., Ch.B.	M. M. U. Martin, M.B., Ch.B., D.P.H.
E. J. Tyrrell, M.D., Ch.B.	J. Teare, M.D., Ch.B., D.P.H.
M. A. Green, M.B., Ch.B.	R. L. H. Davy, M.B., B.S., D.P.H.
J. W. Cairns, M.D., Ch.B., D.P.H.	B. R. A. Morton, M.B., Ch.B., D.P.H.
J. V. Kirkwood, M.B., Ch.B., D.P.H.	(1 vacancy).

School Dentists.

O. A. Long, L.D.S.	J. Fletcher, L.D.S.
F. W. Buzza, L.D.S.	K. M. Scott, L.D.S.
B. R. Townend, L.D.S.	N. B. Duncan, L.D.S.
J. M. Macdonald, L.D.S.	G. Kilvington, L.D.S.
J. Mackay, L.D.S.	(5 vacancies).

County Analyst.

F. W. Richardson, F.I.C., F.C.S.

Consultant Obstetricians.

11 Consultants. (For list, see page 88.)

Child Welfare Centre Medical Officers.

Whole-time Medical Officers of Health	...	...	...	3
School Medical Inspectors	...	...	...	9
Part-time Medical Practitioners	...	...	...	76

School Nurses and Health Visitors, etc.

Miss A. Brooke—Inspectress of Nurses and Midwives.
 Miss A. E. Williams—Inspectress of Nurses and Midwives.
 111 Child Welfare Nurses.
 6 School Nurses.
 14 Dental Nurses.
 22 Tuberculosis Nurses.
 65 Part-time Child Welfare Nurses.

Technical Staff.

Chief County Sanitary Inspector:
 A. Brook.

Sanitary Inspectors:
 W. Riley, H. Nuttall.

Laboratory Staff:
 Chief Laboratory Assistant:
 J. W. Gooderidge.

Senior Laboratory Assistants:
 I. W. Harris, J. B. Marshall.
 2 Junior Assistants, 4 Attendants.

County Radiographer:
 Miss A. M. Byass, B.Sc., M.S.R.

Food and Drugs Sampling Officers (also act as Inspectors of
 Weights and Measures):
 1 Chief Inspector, 9 Sampling Officers.

Clerical Staff.

Chief Clerk:
 J. C. Bennett.

Sectional Senior Clerks:

R. L. Rea.	J. W. Beaumont.
W. A. Ryder.	H. V. Stott.
J. H. Gloyne.	T. R. Jackson.
B. E. Allenby.	J. W. Bray.

18 Clerks, 6 Typists.

MEDICAL OFFICERS OF HEALTH.

There are 13 whole-time and 95 part-time Medical Officers of Health; for
 list see Table III at end of Report.

**DISTRICT MEDICAL OFFICERS (PUBLIC ASSISTANCE) AND
PUBLIC VACCINATORS.**

Name.	Qualifications.	District.	Area (acres).	Population (approx.).
<i>No. 1.—Ewecross Area.</i>				
W. H. Ross ...	M.B., Ch.B. ...	Gisburn ...	30,302	3,186
F. R. Bremner ...	M.A., M.D., C.M., L.R.C.P. & S.	Slaidburn ...	51,369	2,212
J. M. Postlethwaite	M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.	Great Mitton	1,727	213
C. A. Allan ...	M.B., Ch.B. ...	Dent ...	20,895	942
T. W. Rothwell ...	M.B., Ch.B. ...	Sedbergh Garsdale	31,779	3,011
B. S. Hyslop ...	M.B., Ch.B. ...	Horton	17,258	704
J. MacLeod ...	M.B., Ch.B. ...	Settle	18,496	4,324
A. J. Troughton ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Ingleton	26,548	3,326
T. Lovett ...	M.B., Ch.B. ...	Bentham	7,718	2,463
E. H. Marsh ...	M.R.C.S., L.R.C.P. ...	Clapham ...	25,345	1,361
H. Wales ...	M.A., M.B., B.Ch. ...	Long Preston	16,295	2,121
K. C. Crosbie ...	M.B., Ch.B. ...	Kirkby Malham	22,328	739
		Arnccliffe ...	17,998	335
<i>No. 2.—Staincliffe Area.</i>				
W. H. Canter ...	M.B., Ch.B. ...	Kildwick ...	11,327	6,532
W. L. Crabtree ...	L.S.A., L.M.S.S.A. ...	Addingham ...	20,785	2,749
K. C. Crosbie ...	M.B., Ch.B. ...	Grassington ...	27,355	2,561
N. MacLeod ...	M.D., M.B., Ch.B. ...	Kettlewell ...	33,147	773
A. M. Niven ...	M.B., Ch.B. ...	Skipton ...	21,978	15,104
J. W. Pickard ...	M.B., Ch.B. ...	Thornton ...	10,002	7,106
M. Purcell ...	M.B., Ch.B., B.A.O.	Barnoldswick	6,572	12,580
H. Wales ...	M.A., M.B., Ch.B. ...	Silsden ...	7,101	4,815
		Gargrave ...	20,994	1,947
<i>No. 3.—Claro Area.</i>				
G. Lumsden ...	M.B., C.M. ...	Pateley Bridge	49,939	4,589
H. G. H. Clarkson	L.R.C.P., L.R.C.S., L.M.	Do. No. 1	25,132	2,638
P. A. Steven ...	M.B., Ch.B. ...	Ripon No. 1	18,394	10,600
Samuel Hey ...	M.R.C.S., L.R.C.P. ...	Do. No. 2	7,371	785
R. G. M. Harvey ...	L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.	Do. No. 3	25,603	2,307
G. F. Dimmock ...	B.Sc., M.B., Ch.B. ...	Knarborough	10,795	37,935
S. Foskett ...	M.A., M.D., B.S. ...	Do. No. 1	15,624	3,201
D. F. Dobson ...	M.B., B.S., D.P.H. ...	Do. No. 2	7,755	6,470
†W. J. Forbes ...	M.B., Ch.B., B.A.O.	Do. No. 3	4,386	1,191
S. C. Wilkinson ...	M.B., Ch.B., L.S.A....	Do. No. 4	2,688	4,413
J. S. Dudgeon ...	M.D., B.Ch., B.A.O., D.P.H.	Do. No. 5	8,861	5,023
J. A. Benson ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Great Ouseburn	16,981	2,392
J. M. Benson ...	M.B., Ch.B. ...	Do. No. 1	10,201	1,396
F. P. Rust ...	M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S.	Do. No. 2	9,925	2,222
<i>No. 4.—Barkston Ash Area.</i>				
T. H. Barton ...	M.B., B.S. ...	Do. No. 3	6,411	2,504
C. H. Sykes ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Do. No. 4	17,265	8,618
C. C. Hargreaves ...	M.B., Ch.B., D.P.H.	Aberford ...	10,167	12,470
Wm. Murphy ...	M.B., Ch.B., M.R.C.S., L.R.C.P.	Kippax ...	19,258	4,979
J. P. Scatchard ...	M.B., B.S., M.R.C.S., L.R.C.P.	Sherburn ...	2,707	257
		Ryther ...	22,902	5,783
		Tadcaster ...		

* Public Vaccinator only.

† District Medical Officer only.

Name.	Qualifications.	District.	Area (acres).	Population (approx.).
<i>No. 4.—Barkston Ash Area (contd.).</i>				
R. W. Lee ...	M.B., Ch.B. ...	Boston Spa ...	11,100	4,122
O. F. Barr ...	M.B., Ch.B. ...	Harewood ...	7,999	1,502
		Kirkby Overblew	11,234	1,678
H. Tempest ...	M.R.C.S., L.R.C.P. ...	Thorner ...	7,058	1,678
J. A. Hargreaves ...	M.B., C.M. ...	Tockwith ...	10,467	1,230
		Wetherby ...	16,780	4,414
<i>No. 5.—Skyrack Area.</i>				
W. E. Burrige ...	M.B., Ch.B. ...	Horsforth ...	5,758	14,600
W. H. Cheetham ...	M.D., D.P.H., M.R.C.S.	Yeadon ...	4,568	13,975
†G. E. Macvie ...	M.D., Ch.B. ...	Baildon ...	5,558	8,150
*E. G. Firth ...	M.R.C.S., L.R.C.P. ...			
T. Browne-Hearder ...	M.B., C.M. ...	Ilkley ...	11,646	10,665
W. H. Galloway ...	M.R.C.S., L.R.C.P. ...	Otley ...	36,914	12,555
<i>No. 6.—Worth Valley Area.</i>				
†H. C. Ling ...	M.R.C.S., L.R.C.P. & L.M., L.R.F.P.S. & L.M. }	North Keighley	5,863	23,238
†J. E. H. Seott ...	M.B., Ch.B. ...	South Keighley	5,800	21,877
*F. Villy ...	B.A., M.D. ...			
J. M. Crocker ...	M.R.C.S., L.R.C.P. ...	Bingley ...	9,522	15,813
T. Taylor ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Cullingworth	1,215	1,281
W. D. Hamilton ...	M.B., Ch.B., B.A.O., D.O.M.S.	Haworth ...	9,991	11,213
W. H. Canter ...	M.B., Ch.B. ...	Sutton ...	4,414	4,498
H. A. Marquis ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Wilsden ...	2,638	2,859
<i>No. 7.—East Morley Area.</i>				
E. T. Hyland ...	M.B., B.Ch., B.A.O.	Pudsey ...	2,408	14,500
H. D. Merrington ...	M.B., Ch.B. ...	Drighlington	1,135	4,091
A. L. Mitchell ...	M.B., Ch.B.	Hunsworth	1,379	900
		(part of)		
J. A. Hope ...	M.B., C.M. ...	Hunsworth (part of)	—	450
T. I. Bonner ...	M.A., M.B., C.M. ...	Shipley ...	2,177	28,500
A. H. Stewart ...	M.D., M.B., C.M. ...	Denholme ...	2,653	3,000
N. A. A. Hughes ...	M.R.C.S., L.R.C.P. ...	Calverley ...	2,094	3,500
T. H. Elmer ...	M.B., Ch.B. ...	Farsley ...	840	6,250
<i>No. 8.—Calder Area.</i>				
†W. R. Thompson ...	L.R.C.P., L.R.C.S., L.R.F.P.S. }	Shelf ...	2,000	3,000
*J. J. Murphy ...	M.B., B.Ch., B.A.O. }	Ripponden ...	13,240	5,220
A. J. W. Stephen ...	M.B., Ch.B., D.P.H.			
E. D. Wellburn ...	L.R.C.P., L.R.C.S., L.R.F.P.S. & L.M.	Sowerby ...	3,565	4,424
†F. Robinson ...	M.R.C.S., L.R.C.P. ...	Sowerby Bridge	1,000	13,500
C. S. Ogilvy ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Luddenden Foot	6,000	6,300
†W. Skeels ...	M.R.C.S., L.R.C.P. }	Brighouse ...	5,819	18,313
†L. Davies ...	M.R.C.S., L.R.C.P. }	Hipperholme	1,797	5,630
D. A. Johnstone ...	M.B., C.M. ...	Rastrick ...	2,240	8,516
A. G. Gamble ...	L.M.S.S.A. ...	Elland ...	3,431	15,301
N. C. Beaumont ...	M.R.C.S., L.R.C.P. ...	Stainland ...	2,320	4,520
G. C. Sharp ...	M.B., Ch.B. ...	Queensbury ...	2,000	6,800
H. Thorp ...	M.B., Ch.B., D.P.H.	Todmorden ...	12,770	23,888
F. J. Dowdall ...	M.B., B.Ch., B.A.O.	Hebden Bridge	23,977	11,004
J. Gillies ...	M.B., Ch.B. ...	Mytholmroyd	6,608	4,150

* Public Vaccinator only.

† District Medical Officer only.

Name.	Qualifications.	District.	Area (acres).	Population (approx.).
<i>No. 9.—Spen Valley Area.</i>				
H. Keighley ...	M.R.C.S., L.R.C.P. ...	Batley ...	3,026	34,000
A. Dick ...	M.B., Ch.B., D.P.H.	Birstall ...	1,435	9,000
A. L. Mitchell ...	M.B., Ch.B. ...	Cleckheaton ...	1,756	12,537
H. D. Merrington ...	M.B., Ch.B. ...	Gildersome ...	992	2,865
E. M. Whitehead (Mrs.)	M.B., Ch.B. ...	Gomersal ...	2,023	6,553
J. Prior ...	M.R.C.S., L.R.C.P. ...	Heckmondwike	696	9,023
R. M. Beatty ...	B.A., M.B., B.Ch., B.A.O.	Liversedge ...	2,136	14,752
T. W. Sproule ...	L.R.C.P.I., L.R.C.S.I.	Mirfield ...	3,394	12,133
W. S. Sykes ...	M.A., M.B., B.Ch., D.P.H.	Morley ...	3,385	23,934
W. L. René Wood ...	M.R.C.S., L.R.C.P.	Ossett ...	3,322	14,796
<i>No. 10.—Lower Agbrigg Area.</i>				
†S. Reader ...	M.R.C.S., L.R.C.P.	Kirkhamgate	909	1,504
J. J. Jackson ...	L.R.C.P., L.M., L.R.C.S.I.	Ardsley, East	1,759	4,691
		Ardsley, West	2,018	3,788
		Thorpe (P.V. only)	525	1,061
A. M. Duff ...	M.B., Ch.B. ...	Bretton West	1,985	348
		Crigglestone ...	2,951	4,731
†D. Bell ...	M.B., Ch.B., D.P.H., R.C.P.S.	Emley ...	3,323	1,706
		Flockton ...	1,065	1,389
C. H. Smith ...	M.B., Ch.B. ...	Shitlington ...	3,306	3,102
J. N. U. Russell ...	M.B., B.Ch., B.A.O.	Horbury ...	1,162	7,829
†M. Melvin ...	M.B., Ch.B. ...	Lofthouse ...	1,915	5,017
		Thorpe ...	525	1,061
D. M. Macleod ...	M.B., Ch.B. ...	Outwood ...	2,022	9,286
		Stanley (P.V. only)	2,275	5,403
D. Downie ...	M.B., Ch.B. ...	Chevet and Walton	2,564	1,157
†H. Scholefield ...	M.B., Ch.B. ...	Altofts ...	1,698	5,050
N. S. Twist ...	M.B., Ch.B. ...	Normanton ...	1,174	15,858
†J. G. Munro ...	M.B., Ch.B. ...	Sharlston ...	1,067	2,776
		Crofton ...	970	2,817
*T. E. Lister ...	M.B., Ch.B. ...	Newland and Warmfield	1,738	1,132
†F. J. G. Tocher ...	M.B., Ch.B. ...	Stanley ...	2,275	5,403
C. H. Seville ...	M.B., Ch.B. ...	Oulton ...	1,178	3,752
H. Stevenson ...	M.B., C.M. ...	Rothwell ...	3,500	9,162
<i>No. 11.—Osgoldcross Area.</i>				
G. Burnett ...	M.B., Ch.B., F.R.C.S.	Pontefract	9,939	18,250
		No. 1		
J. Kehelly ...	M.B., B.Ch., B.A.O.	Do. No. 2	14,411	8,800
G. F. Creaser ...	M.B., Ch.B. ...	Do. No. 3	5,678	870
J. O. Ward ...	M.R.C.S., L.S.A. ...	Do. No. 4	12,423	5,093
J. J. W. Campbell ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Do. No. 5	3,728	41,883
W. Steven ...	M.B., C.M. ...	Do. No. 6	4,431	14,842
E. W. L. White ...	M.B., Ch.B. ...	Do. No. 7	3,493	4,492
*M. B. Taylor ...	M.R.C.S., L.R.C.P. ...	Hemsworth	4,163	11,235
T. C. A. Sweetnam ...	M.D., B.A., B.Ch., B.A.O.)	No. 1		
E. M. Hime ...	M.B., Ch.B. ...	Do. No. 2	8,036	6,039
J. Malloch ...	M.B., Ch.B. ...	Do. No. 3	5,504	801
E. J. H. Sullivan ...	M.D., M.C., L.M. ...	Do. No. 4	7,019	16,236
S. Hodgkinson ...	M.B., Ch.B., D.T.M.	Do. No. 5	4,297	4,810
J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Do. No. 6	3,413	5,982
W. F. L. Castle ...	M.B., Ch.B. ...	Do. No. 7	2,318	2,815

* Public Vaccinator only.

† District Medical Officer only.

Name.	Qualifications.	District.	Area (acres).	Population (approx.).
<i>No. 12.—Goole and Selby Area.</i>				
A. M. Erskine ...	M.D.R.U.I., M.B., B.Ch., B.A.O., D.P.H., R.C.P.S.	Goole ...	10,123	21,409
F. G. Creaser ...	M.B., Ch.B. ...	Snaith ...	13,553	4,546
W. Eardley ...	M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.	Carlton ...	11,902	2,133
T. C. T. Crowden ...	M.B., Ch.B. ...	Swinefleet ...	8,942	2,201
O. L. Scarborough ...	M.R.C.S., L.R.C.P. ...	Adlingfleet ...	5,425	391
		Selby ...	17,700	12,131
		Cawood ...	8,654	1,875
<i>No. 13.—Don Valley Area.</i>				
†J. M. Hain ...	M.B., Ch.B. ...	Doncaster	2,171	189
†W. L. Walker ...	M.A., M.B., Ch.B.	West		
*B. Lyons ...	M.D., B.Ch., B.A.O. D.P.H.	Doncaster West (Arksey, etc.)	7,865	20,000
H. F. Renton ...	M.D., B.S., M.R.C.S., L.R.C.P.	Doncaster East	15,190	13,800
J. Malloch ...	M.B., Ch.B. ...	Askern ...	18,035	10,351
W. F. Ward ...	L.R.C.P., M.R.C.S. ...	Bawtry ...	7,939	12,712
A. R. Doyle ...	M.R.C.S., L.R.C.P. ...	Bolton-on- Dearne	2,323	16,000
F. J. Boyle ...	M.B., B.Ch., B.A.O.	Thurnscoe ...	1,313	10,300
W. J. Maclure ...	M.B., Ch.B. ...	Conisborough	13,117	28,305
R. B. Radcliffe ...	M.B., Ch.B. ...	Hooton Pagnell	11,915	1,645
D. Malloch ...	M.B., Ch.B. ...	Adwick-le- Street	3,513	19,150
J. J. Huey ...	L.S.A., L.M.S.S.A. ...	Mexborough ...	4,511	19,105
A. C. Lindsay ...	M.B., Ch.B. ...	Tickhill ...	12,768	3,449
C. D. Walker ...	M.B., Ch.B. ...	Hatfield ...	16,188	6,970
R. M. L. Anderson ...	M.B., Ch.B. ...	Stainforth ...	8,806	7,797
J. M. Taylor ...	M.B., Ch.B., D.P.H.	Thorne ...	13,425	13,414
<i>No. 14.—Staincross Area.</i>				
G. N. McLaren ...	M.B., Ch.B. ...	Barnsley	5,020	7,241
H. R. L. Allott ...	L.M.S.S.A. ...	Do. No. 1		
H. N. Ritchie ...	L.R.C.P.I., L.M., L.R.C.S.I., L.M.	Do. No. 2	1,961	11,750
H. A. L. Banham ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Do. No. 3	3,496	10,675
R. Millar ...	M.B., Ch.B., D.P.H.	Do. No. 4	3,288	7,600
J. C. Pickup ...	M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.	Do. No. 5	3,837	8,238
H. B. Pare ...	M.B., Ch.B. ...	Do. No. 6	3,567	19,035
J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Do. No. 7	5,508	9,038
W. F. L. Castle ...	M.B., Ch.B. ...	Do. No. 8	1,746	9,500
J. Small ...	M.B., Ch.B. ...	Do. No. 9	3,152	5,736
H. Sands ...	M.B., Ch.B., B.A.O.	Do. No. 10	4,000	6,500
J. A. R. Thompson	M.D., Ch.B., D.P.H.	Do. No. 11	2,800	9,000
N. McPhaill ...	M.B., Ch.B. ...	Do. No. 12	10,573	3,228
T. A. H. Smith ...	M.B., Ch.B. ...	Do. No. 13	21,727	3,878
A. E. Goldie ...	M.B., Ch.B. ...	Do. No. 14	700	600
T. H. Easton ...	M.D., Ch.B. ...	Do. No. 15	7,472	9,312
A. C. J. Wilson ...	L.R.C.P., L.M., M.R.C.S.	Do. No. 16	7,839	2,513
R. N. Farrar ...	M.R.C.S., L.R.C.P. ...	Do. No. 17	17,082	8,170
F. L. Whincup ...	M.B., Ch.B. ...	Do. No. 18	4,046	2,720
		Do. No. 19	9,712	5,270

* Public Vaccinator only.

† District Medical Officer only.

Name.	Qualifications.	District.	Area (acres).	Population (approx.).
<i>No. 15.—Upper Agbrigg Area.</i>				
J. A. Stephens ...	M.R.C.S., L.R.C.P. ...	Huddersfield	6,987	7,836
		No. 9		
D. Bell ...	M.B., Ch.B., D.P.H.	Do. No. 10	4,158	7,192
A. J. Kennedy ...	L.S.A. ...	Do. No. 11	7,939	7,158
W. D. Galloway ...	M.R.C.S., L.R.C.P. ...	Do. No. 12	8,993	5,237
E. Trotter ...	M.B., Ch.B., L.R.C.P., L.R.C.S.	Do. No. 13	4,587	7,074
W. H. Smailes ...	M.D., B.S., Ch.B., D.P.H.	Do. No. 14	1,977	4,851
T. F. Woodhead ...	M.R.C.S., L.R.C.P. ...	Do. No. 15	6,909	7,961
R. N. Kirk ...	M.B., Ch.B. ...	Do. No. 16	5,439	9,606
S. Hall ...	M.B., Ch.B., B.A.O.	Do. No. 17	2,456	16,374
J. F. Aspinwall ...	M.R.C.S., L.R.C.P. ...	Do. No. 18	8,633	5,966
S. Prior ...	M.B., C.M. ...	Do. No. 5	1,674	2,706
†H. Ramsden ...	M.D., Ch.B., D.P.H.	The whole of the area cov- ered by the former Saddle- worth Union	18,485	17,525
†A. S. Bruzand ...	M.R.C.S., L.R.C.P.			
J. Loftus ...	M.B., Ch.B. ...			
J. G. Oliver ...	M.B., Ch.B. ...			
†P. B. Wood ...	M.B., Ch.B. ...			
R. N. Farrar ...	M.R.C.S., L.R.C.P. ...	Denby	2,877	2,108
<i>No. 16.—Rother Valley Area.</i>				
H. M. Mills ...	M.B., Ch.B. ...	Wentworth ...	2,328	1,860
C. J. H. Aitken ...	M.D., C.M. ...	Swinton ...	1,730	13,912
T. Crowley ...	L.R.C.P., I. & L.M., L.R.C.S.I & L.M.	Wath-on-D. ...	2,335	12,857
D. P. Jockell ...	M.B., Ch.B. ...	Brampton ...	2,619	3,744
C. B. Thomson ...	M.B., Ch.B. ...	Rawmarsh ...	2,549	18,500
G. H. Sedgwick ...	M.R.C.S., L.R.C.P. ...	Greasboro' ...	2,413	3,900
		Dalton ...	1,976	5,484
		Thrybergh ...	1,318	4,103
		Hooton Roberts	1,057	187
W. L. Dibb ...	M.B., Ch.B., D.P.H.	Bransley ...	1,408	2,916
		Maltby ...	4,350	10,000
		Ravenfield ...	1,236	472
		Wickersley ...	1,274	1,536
G. S. L. Kemp ...	M.R.C.S., L.R.C.P. ...	Thurcroft ...	5,002	6,302
†J. S. Shirlaw ...	M.B., Ch.B. ...	Aston ...	3,009	5,339
		Ulley ...	934	270
		Firbeck ...	1,297	203
		Anston ...	3,852	2,333
		Gildingwells ...	588	66
†T. B. Johnstone ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	Letwell ...	1,331	100
†K. Mackenzie ...	M.B., Ch.B. ...	Woodsetts ...	832	332
		Todwick ...	1,806	296
		Thorpe Salvin	2,296	377
		Wales ...	2,249	3,674
		Harthill ...	3,107	1,139
J. N. Clark ...	L.R.C.P., L.R.C.S.	Dinnington ...	1,652	6,438
R. G. Selby ...	M.B., C.M., B.Sc. ...	Brinsworth & Catcliffe	6,357	10,931

* Public Vaccinator only.

† District Medical Officer only.

LIST OF VACCINATION OFFICERS SERVING ADMINISTRATIVE AREA.

Name of Officer.	District Served.	Population.	Area in Acres.
<i>Area No. 1—Ewecross.</i>		(approx.)	(approx.)
W. Roberts	Bowland Rural	4,190	73,833
Mrs. M. A. Hargreaves	Bashall Eaves	1,228	7,838
J. Peters	Mitton	213	1,727
G. Kayley	Garsdale	425	11,068
W. Batty	Dent and Sedbergh ...	3,582	41,606
W. Slinger	Bentham	6,853	52,098
C. Parker	Settle and Long Preston	8,223	92,425
<i>Area No. 2—Staincliffe.</i>			
G. J. Harker	Grassington	2,561	26,231
S. H. Day	Kettlewell	778	33,147
G. D. Hunt	Gargrave	1,829	17,757
Miss S. M. Lister ...	Addingham	2,749	20,785
D. Slater	Kildwick	11,914	20,385
Do.	Skipton	14,398	19,112
Do.	Barnoldswick	19,943	20,726
<i>Area No. 3—Claro.</i>			
G. A. Nichols	Great Ouseburn	11,033	45,969
J. Clark	Knaresborough	8,670	18,838
Mrs. E. M. Bowes ...	Harrogate	44,540	22,410
T. Millward	Pateley Bridge	7,229	75,071
W. E. Raglan	Ripon	13,700	51,602
<i>Area No. 4—Barkston Ash.</i>			
W. Bortoft	Tadcaster	10,791	44,024
W. Wormald	Aberford	21,316	28,575
S. C. Mellor	Wetherby	14,624	64,638
R. A. Wilkinson ...	Bishopthorpe	2,104	6,411
<i>Area No. 5—Skyrack.</i>			
G. C. Clarke	Horsforth	13,649	5,757
H. Wood	Ilkley	31,557	54,954
M. Rennard	Guiseley	20,209	10,332
<i>Area No. 6—Worth Valley.</i>			
J. A. Sharp	Keighley	50,101	15,472
H. E. Bottomley ...	Bingley	18,383	12,873
W. H. Ogden	Haworth	9,436	8,560
L. M. Greenwood ...	Wilsden	2,859	2,633
<i>Area No. 7—East Morley.</i>			
C. W. Calverley ...	Farsley	9,478	2,927
H. Darnborough ...	Drighlington	4,091	1,135
F. Wilman	Denholme	2,938	2,536
A. Hotchin	Pudsey	14,313	2,399
L. Clough	Shipley	28,277	2,182
F. Higginson	Hunsworth	1,323	1,381
<i>Area No. 8—Calder.</i>			
Miss M. Woodhead ...	Sowerby	86,433	38,719
E. Holt	Todmorden	38,049	40,355

Name of Officer.	District Served.	Population.	Area in Acres.
Area No. 9—Spen Valley.			
T. Sykes	Batley	124,894	19,939
F. Higginson	Cleckheaton	12,537	1,756
Area No. 10.—Lower Agbrigg.			
W. Frost	Horbury and Normanton	78,645	36,667
Area No. 11—Osgoldcross.			
Mrs. L. I. Dodsworth ...	Hemsworth East	47,916	34,750
I. Scott	Hemsworth West		
E. Lowden	Pontefract	90,863	54,103
Area No. 12—Goole and Selby.			
H. S. Miller	Goole	27,479	38,043
W. B. Weaver	Selby	16,139	38,256
Area No. 13—Don Valley.			
E. Hudson	Bolton-on-Dearne	19,480	21,587
W. E. Stubbs	Tickhill	18,224	42,973
F. Grisedale	Mexborough	32,420	7,906
A. G. Smith	Adwick-le-Street	31,292	26,968
H. E. Newton	Thorne	11,113	38,419
Area No. 14—Staincross.			
E. Hammerton	Darton and Darfield	68,038	21,571
C. B. Moore	Worsborough	15,467	7,250
B. J. B. Marsden	Stocksbridge	15,994	38,238
J. J. Taylerson	Wortley	3,360	8,082
H. Dowson	Ecclesfield	17,868	7,037
G. A. R. Colbeck	Kiveton Park	15,055	20,070
Area No. 15—Upper Agbrigg.			
E. G. Firth	Colne and Holme	81,961	59,752
A. Smith	Saddleworth	12,562	16,930
Miss J. Lees	Springhead	4,963	1,555
H. Redfearn	Penistone	17,870	35,109
Area No. 16—Rother Valley			
F. S. Butcher	Rotherham Rural	11,834	8,880
W. J. Blyth	Rawmarsh	21,062	4,963
J. C. Hearn	Maltby	24,127	20,337
T. H. Harrison	Wath-on-Dearne	30,153	9,002

PUBLIC ASSISTANCE INSTITUTIONS.

Medical Staff and Arrangements for Consultants.

Name of Hospital.	Medical Officer (part-time).	Qualifications.	Consultant (part- time).	Qualifications.	Remarks.
Sedbergh ...	T. W. Rothwell ...	M.B., Ch.B.	—	—	Consultant called in as required.
Settle ...	B. S. Hyslop ...	M.B., Ch.B.	—	—	Do.
Skipton ...	W. H. Robinson ...	B.A., M.B., B.Ch.	—	—	—
Great Ouseburn	J. M. Benson ...	M.B., Ch.B.	—	—	Consultant called in as required.
Knaresborough	H. Steinbach ...	M.R.C.S., L.R.C.P.	—	—	Do.
Ripon ...	S. Hey ...	M.R.C.S., L.R.C.P.	—	—	Do.
Tadcaster ...	J. P. Scatchard ...	M.B., B.S., M.R.C.S., L.R.C.P.	—	—	Do.
Wetherby ...	J. A. Hargreaves ...	M.B., C.M.	—	—	—
Otley ...	W. H. Galloway ...	M.R.C.S., L.R.C.P.	—	—	Consultant called in as required.
Keighley ...	H. V. Horsfall ...	M.B., Ch.B.	H. C. Ling ...	M.R.C.S., L.R.C.P., L.R.F.P.S., L.M.	Called for con- sultations by Medical Officer as required.
	T. L. Walker ...	M.B., Ch.B.	W. H. G. M. Ling	F.R.C.S., M.R.C.S., L.R.C.P., L.M.S.S.A.	Do.
Clayton, Bradford	W. Cunliffe ...	L.R.C.P., L.R.C.S., L.R.F.P.S.	—	—	Consultant called in as required.
Todmorden ...	H. Thorp ...	M.B., Ch.B., D.P.H.	—	—	Do.
Batley ...	T. O. Halliwell (whole-time) (resident)	M.R.C.S., L.R.C.P., D.P.H.	R. Herley ...	B.A., L.R.C.P., L.R.C.S., L.R.F.P.S.	Ophthalmic Surgeon.
	J. W. Applegate ...	M.R.C.S., L.R.C.P.			
Wakefield ...	J. W. Thomson ...	M.A., M.B., C.M.	J. W. Thomson	M.A., M.B., C.M.	Consultant Surgeon.
	J. B. Lyle (Visiting Physician)	M.D., Ch.B., B.A.O.	L. T. Wells ...	M.R.C.S., L.R.C.P.	Consultant for Eyes, Ears, Nose and Throat.
Hemsworth ...	T. C. A. Sweetman	M.D., B.A., B.Ch., B.A.O.	—	—	No arrange- ments for Consultants.
Pontefract ...	G. Burnett ...	M.B., Ch.B., F.R.C.S.	—	—	Do.
Goole ...	A. M. Erskine ...	M.D., Ch.B., B.A.O., D.P.H.	—	—	Consultant called in as required.
Selby ...	O. L. Scarborough	M.R.C.S., L.R.C.P.	—	—	Do.
Thorne ...	C. D. Walker ...	M.B., Ch.B.	—	—	No arrange- ments for Consultants.
Penistone ...	A. G. Wilson ...	M.B., L.S.A.	—	—	Do.
Grenoside ...	A. Anderson ...	M.A., M.B., C.M., D.P.H.	—	—	Do.
Saddleworth ...	J. Loftus ...	M.B., Ch.B.	—	—	Do.

PART I.
GENERAL PUBLIC HEALTH.

SUMMARY OF VITAL STATISTICS—1930.

AREA of Administrative County	1,625,058* acres.
POPULATION for purposes of Birth Rate	1,534,400
POPULATION for purposes of Death Rate	1,534,050
POPULATION at 1931 Census (Preliminary Report)	1,530,110*
SANITARY DISTRICTS, 147*, namely:—10 Boroughs.	
(see Table I, Appendix).	109 Urban Districts.*
	28 Rural Districts.

* Not including Clayton U.D., added to Bradford C.B. on 1st April, 1930.

The Vital Statistics for the Administrative County for the decennia 1910–19 and 1920–29, and for the years 1929 and 1930 may be summarised as follows:—

	Averages for 10 years:—			
	1910–19.	1920–29.	1929.	1930.
Birth Rate (Administrative County) (per 1,000 estimated population.)	22·5	20·2	16·7	16·9
Death Rates:—				
All Causes	14·5	12·4	13·6	11·4
Zymotic	1·31	0·56	0·54	0·33
Phthisis (Tuberculosis of Respiratory System.)	0·84	0·68	0·66	0·57
Other Forms of Tuberculosis ...	0·41	0·25	0·21	0·20
Respiratory	2·58	2·08	2·22	1·35
Cancer	0·98	1·20	1·28	1·33
Heart Disease	1·44	1·64	2·28	2·22
(Death rates are all per 1,000 estimated civil population.)				
Infantile Mortality	112	82	89	65
i.e., Number of deaths under one year per 1,000 births.				

POPULATION AND AREA.

The only change in boundary during 1930 which affected the Administrative County is set out below:—

Date of Change.	Area diminished or extin- guished by change.	Area increased, or created, by change.	Portion transferred.	
			Area in Aeres.	Population 1921.
1/4/1930	Clayton U.D.	Bradford C.B.	1,462	5,043

In the Summary of Vital Statistics, printed at the commencement of this report, will be found particulars of the acreage and population of the Administrative County, and in long Table I folded in at the end of the report will be found similar information for each Sanitary District of the County.

On page 18 is a table compiled from the Preliminary Report of the Registrar-General on the Fourteenth Census, which was taken on the 26th April, 1931. On examination of column “j” of the table it will be seen that there has been an increase of 121,219 persons in the population of the Administrative County over the 1921 figure. To this increase it will be noticed that the Urban

Districts contributed 42,145 and the Rural Districts 81,009, but against these figures must be set off the decrease of 1,935 in the population of the Municipal Boroughs. Expressing the figures as percentages of the corresponding 1921 populations the increase (column "1") in the Administrative County is 8·6 per cent., Urban Districts 5·2 per cent., and Rural Districts 22·6 per cent., whilst the decrease in the Municipal Boroughs is 0·8 per cent. The growth of population in the Rural Districts is mainly due to colliery development and, to a lesser extent, to the opening out of residential areas.

Arranging the Administrative Counties in order of their 1931 populations, the West Riding is now fourth on the list, compared with third in 1921, the County of Middlesex having now advanced to this latter position. Below is given a list of the principal Administrative Counties with their populations, etc.:—

Administrative County.	Area in Acres.	Population.			
		1921.	1931.	1921-1931.	
				Increase per cent.	Decrease per cent.
London	74,850	4,484,523	4,396,821	—	2·0
Lancashire	1,050,889	1,743,824	1,794,857	2·9	—
Middlesex	148,691	1,253,032	1,638,521	20·8	—
West Riding	1,625,058	1,408,891	1,530,110	8·6	—
Essex	962,696	920,141	1,198,601	30·3	—
Kent	971,990	1,117,929	1,194,115	6·8	—
Surrey	449,216	738,711	947,695	28·3	—
Durham	627,641	917,625	924,050	0·7	—
Staffordshire	686,901	660,852	703,144	6·4	—
Cheshire	631,180	613,479	675,190	10·1	—
Derbyshire	640,701	583,283	614,926	5·4	—

Dealing further with the population of the West Riding Administrative County, the population has increased since 1921 in 5 of the 10 Municipal Boroughs, 59 of the 109 Urban Districts, and 19 of the Rural Districts; decreases are shown in 5 of the Municipal Boroughs, 49 of the Urban Districts and 9 of the Rural Districts. In one Urban District, namely, Scammonden, the population remained stationary at 394.

The Districts of the Administrative County showing the highest rates of population increase are:—

URBAN DISTRICTS—Adwick-le-Street (71·1 per cent.), Baildon (19·4 per cent.), Bentley-with-Arksey (27·2 per cent.), Bolton-upon-Deane (19·2 per cent.), Cudworth (23·3 per cent.), Dodworth (27·7 per cent.), Horsforth (25·8 per cent.), Hoyland Swaine (17·0 per cent.), Maltby (31·8 per cent.), Rawdon (21·1 per cent.), Thurnseoe (111·7 per cent.), Thurstonland and Farnley Tyas (33·8 per cent.).

RURAL DISTRICTS—Bishopthorpe (39·4 per cent.), Doneaster (86·7 per cent.), Great Ouseburn (20·3 per cent.), Hemsworth (27·2 per cent.), Keighley (25·2 per cent.), Pontefract (34·3 per cent.), Rotherham (27·6 per cent.), Thorne (179·8 per cent.).

It will be noted that these are Districts of which some part has been opened out for residential purposes, or else are situate in the South Yorkshire Coalfield, where much development has taken place in the mining industry.

Those Districts showing the largest decreases are:—

URBAN DISTRICTS—Castleford (9·9 per cent.), Clayton West (6·9 per cent.), Darfield (5·5 per cent.), Denby and Cumberworth (6·8 per cent.), Denholme (9·4 per cent.), Earby (6·4 per cent.), Golcar (5·3 per cent.), Haworth (10·4 per cent.), Kirkburton (5·9 per cent.), Penistone (13·9 per cent.), Shelley (11·1 per cent.), Stainland (6·1 per cent.), Todmorden B. (7·0 per cent.).

RURAL DISTRICTS—Halifax (5·5 per cent.), Sedbergh 10·9 per cent.).

THE WEST RIDING OF YORKSHIRE.

Table, compiled from the 1931 Preliminary Census Report, showing Acreage, Population, Density of Population, and Intercensal Variations.

District. (a)	Area in Statute Acres (Land and Water) (b)	Population.						Censal Increase or Decrease 1921-1931 (Persons).			
		1921.			1931.			Numbers.		Percentage of 1921 Population.	
		Persons. (c)	Males. (d)	Females. (e)	Persons. (f)	Males. (g)	Females. (h)	Persons per Acre. (i)	Increase.		Decrease. (m)
									(j)	(k)	
Administrative County—											
Municipal Boroughs (10)	40,414	239,338	108,766	130,572	237,403	108,773	128,630	5.9	—	1,935	0.8
Urban Districts (109)	325,804	810,676	394,422	416,254	852,821	417,438	435,383	2.6	42,145	—	—
Rural Districts (28)	1,258,840	358,877	180,253	178,624	439,886	223,622	216,264	0.3	81,009	—	—
Whole Administrative County ...	1,625,058	1,408,891	683,441	725,450	1,530,110	749,833	780,277	0.9	121,219	—	—
County Boroughs ...	151,006	1,772,311	844,504	927,807	1,822,098	865,171	956,927	12.1	49,787	—	—
Administrative County with Associated County Boroughs	1,776,064	3,181,202	1,527,945	1,653,257	3,352,208	1,615,004	1,737,204	1.9	171,006	—	—

BIRTHS.

The birth rate for the year 1930 was 16·9 per 1,000 of the estimated population, the number of births recorded during the year being 25,935, of which 13,280 were males and 12,655 females. This total is 365 in excess of that for 1929, when the birth rate was 16·7 per 1,000. Detailed comparisons of the County birth-rate for a period of years are made possible by the various tables throughout this section of the report, and in Table I of the Appendix the rate for each Sanitary District has been calculated separately.

Provisional rates only are available for England and Wales for the year 1930, and these show that the birth-rate for the country was 16·3 per 1,000, being identical with that for the year 1929, which was the lowest recorded.

The birth-rate for the Urban Districts in the County was 15·9 per 1,000, whilst for the Rural Areas the comparatively high rate of 19·4 was reached. It should be explained that a number of the Rural Districts contain large urban communities, engaged principally in the coal mining industry; in these, the birth-rates were much above the average, e.g., Doncaster R. 25·6, Hemsworth R. 22·3, Pontefract R. 22·3, Rotherham R. 21·0, Thorne R. 31·9 and Wakefield R. 20·9. The highest birth-rates amongst the Urban Districts were in the following: Adwick-le-Street 24·9, Conisbrough 25·7, Darton 23·1, Maltby 27·9 and Thurnscoe 26·2.

The lowest birth-rates were recorded in the following districts, which, it will be noted, are nearly all connected with the textile trade: Baildon 11·7, Golcar 10·8, Haworth 11·3, Hebden Bridge 11·1, Holmfirth 11·3, Ilkley 10·8, Marsden 11·2, Meltham 9·8, Saddleworth 11·2, Todmorden B. 11·3, Ripon R. 11·3 and Wharfedale S. 11·6.

DEATHS.

The net deaths registered for the Administrative County during the year 1930 numbered 17,480, the sex distribution being 8,987 males, and 8,493 females. This total yielded a net death-rate of 11·4 per 1,000 of the estimated population, which is the same as that for England and Wales; it is the lowest recorded both for the country and the County, and is 1·0 per 1,000 below the average County rate for the preceding 10 years.

Particulars relating to cause of death, age and sex distribution, and various comparative statistics are contained in the following tables, and in Tables I and II at the end of the report a detailed analysis is given for every Sanitary District in the County.

An examination of the rates for the individual districts shows that the highest death-rates are to be found amongst the textile areas, many of which also have the lowest birth-rates. The highest death-rates occurred in the following districts, Baildon 13·2, Brighouse B. 13·4, Farsley 13·3, Golcar 14·0, Haworth 17·0, Hebden Bridge 16·7, Ilkley 13·1, Linthwaite 15·2, Ossett B. 13·6, Pudsey B. 13·9, Queensbury 14·3, Saddleworth 13·1, Slaithwaite 15·3, Sowerby 13·8, Todmorden B. 14·6, Pateley Bridge R. 13·4, and Skipton R. 15·0.

Conversely, the areas with the lowest death-rates were nearly all mining, and many of the districts are identical with those having the highest birth-rates, as shewn in the following list: Adwick-le-Street 8·7, Bentley-with-Arksey 7·9, Hemsworth 9·0, Maltby 8·9, Stocksbridge 9·0, Worsborough 8·8, Kiveton Park R. 8·2, Penistone R. 7·2.

The transferable deaths, allocated by the County Health Department to the proper district under the Registrar General's scheme of quarterly distribution, numbered 3,705 for the year 1930.

WEST RIDING ADMINISTRATIVE COUNTY
BIRTH, DEATH AND INFANTILE MORTALITY
RATES FOR THE 30 YEARS 1901-1930



Mortality at Different Ages from Various Causes.—The following table shows the mortality from various causes in different age-groups in the West Riding Administrative County during 1930:—

CAUSES OF DEATH.	AGE AT DEATH.									Total (Net Deaths).
	Under 1 year.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and up- wards.	
Enteric Fever	1	—	—	2	6	10	5	4	—	28
Smallpox	—	—	—	—	1	—	—	—	—	1
Measles	23	27	23	13	—	2	1	—	—	89
Scarlet Fever	—	2	16	20	1	4	—	—	—	43
Whooping Cough	49	20	14	1	—	—	—	—	—	84
Diphtheria	6	8	45	70	5	—	—	1	—	135
Influenza	2	3	6	13	11	35	74	33	24	201
Encephalitis Lethargica	—	2	1	6	7	10	9	3	—	38
Meningococcal Meningitis	11	6	15	16	16	6	2	—	—	72
Tuberculosis of Respiratory System	2	2	3	25	215	351	243	33	2	876
Other Tuberculous Diseases	31	29	56	62	43	39	43	5	1	309
Cancer, Malignant Disease	1	4	1	—	13	165	956	610	284	2034
Rheumatic Fever	—	—	1	12	10	15	13	2	—	53
Diabetes	—	—	—	6	4	18	102	87	34	251
Cerebral Hæmorrhage, etc.	—	—	—	—	2	29	312	398	330	1071
Heart Disease	—	—	3	31	58	227	993	1126	969	3407
Arterio-Sclerosis	—	—	—	—	—	5	122	303	362	792
Bronchitis	64	19	15	6	3	19	151	208	271	756
Pneumonia (all forms)	226	89	89	72	45	165	216	154	89	1145
Other Respiratory Diseases	6	4	6	12	6	18	62	21	29	164
Ulcer of Stomach or Duodenum	—	—	—	1	9	41	75	20	10	156
Diarrhœa, etc.	100	19	15	10	8	8	12	7	10	189
Appendicitis and Typhlitis	—	—	4	18	13	15	22	11	1	84
Cirrhosis of Liver	—	—	—	—	—	4	26	15	3	48
Acute and Chronic Nephritis	1	2	7	9	15	83	251	187	106	661
Puerperal Sepsis	—	—	—	—	10	52	1	—	—	63
Other Accidents and Diseases of Pregnancy and Parturition	—	—	—	—	10	88	1	—	—	99
Congenital Debility and Malformation, Premature Birth	882	4	6	3	1	2	3	—	—	901
Suicide	—	—	—	—	6	47	83	24	7	167
Other Deaths from Violence	30	10	44	75	106	171	160	58	61	715
Other Defined Diseases	254	52	47	111	93	295	686	561	732	2831
Causes Ill-Defined or Unknown	—	3	—	—	—	5	5	3	1	17
ALL CAUSES	1689	305	417	594	717	1929	4629	3874	3326	17480
AGE AND SEX DISTRIBUTION OF THE NET DEATHS.										
Urban Districts:—										
Males	668	108	149	202	261	690	1987	1508	1017	6590
Females	441	86	118	190	244	684	1620	1453	1443	6279
Persons	1109	194	267	392	505	1374	3607	2961	2460	12869
Rural Districts:—										
Males	333	69	84	100	115	288	543	482	383	2397
Females	247	42	66	102	97	267	479	431	483	2214
Persons	580	111	150	202	212	555	1022	913	866	4611
West Riding Admin. County:—										
Males	1001	177	233	302	376	978	2530	1990	1400	8987
Females	688	128	184	292	341	951	2099	1884	1926	8493
Persons	1689	305	417	594	717	1929	4629	3874	3326	17480

WEST RIDING BIRTH AND DEATH RATES FOR TEN YEARS.

The following table shows the County Birth and Death Rates for the past 10 years:—

	1921	1922	1923	1924	1925.	1926	1927.	1928	1929	1930
Birth Rate ...	23.3	20.9	20.6	20.4	20.1	19.4	17.7	17.7	16.7	16.9
Death-rate ...	12.6	12.2	12.2	12.8	12.3	11.6	12.6	11.5	13.6	11.4
Infant Mortality* ...	97	81	81	83	81	73	79	62	89	65
Zymotic Death-rate ...	0.78	0.58	0.53	0.48	0.53	0.46	0.51	0.28	0.54	0.33
Death-rates from:—										
Small-pox ...	nil	0.00	nil	nil	nil	nil	0.01	0.01	0.00	0.00
Scarlet Fever ...	0.02	0.03	0.03	0.02	0.03	0.02	0.02	0.02	0.05	0.03
Diphtheria ...	0.09	0.07	0.04	0.05	0.05	0.06	0.04	0.06	0.08	0.09
Enteric Fever ...	0.06	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Measles ...	0.02	0.16	0.15	0.10	0.14	0.05	0.21	0.05	0.10	0.06
Whooping Cough ...	0.21	0.13	0.11	0.13	0.13	0.16	0.11	0.04	0.18	0.05
Diarrhœa, &c.† ...	16.43	7.77	8.48	8.01	8.23	7.41	5.63	5.53	6.96	4.59
Respiratory ...	2.20	2.07	2.11	2.43	2.15	1.78	2.12	1.46	2.22	1.35
Phthisis ...	0.74	0.68	0.71	0.70	0.70	0.62	0.65	0.61	0.66	0.57
Other Tuberculous Diseases ...	0.29	0.30	0.28	0.25	0.26	0.22	0.21	0.22	0.21	0.20

* Deaths under one year per 1,000 births.

† Deaths under two years of age per 1,000 births.

Average Birth and Death Rates from 1910 to 1929.

The following table gives the average rates for quinquennial periods (compared with the rates for 1930) for the Urban and Rural Districts of the Administrative County, and for the Administrative County as a whole.

	Urban Districts.					Rural Districts.					Administrative County.				
	Quinquennial Periods.				Year 1930. for comparison.	Quinquennial Periods.				Year 1930. for comparison.	Quinquennial Periods.				Year 1930. for comparison.
	1910-14	1915-19	1920-24	1925-29		1910-14	1915-19	1920-24	1925-29		1910-14	1915-19	1920-24	1925-29	
Birth Rate ...	24.0	19.1	21.3	17.3	15.9	27.3	22.9	24.4	21.0	19.4	24.8	20.1	22.1	18.3	16.9
*Infant Mortality ...	119	105	88	77	64	113	100	84	76	68	118	104	87	77	65
Death Rates:—															
All Causes ...	14.2	15.3	12.7	12.7	11.7	13.3	14.4	11.8	11.4	10.6	14.0	15.1	12.5	12.3	11.4
†Zymotic Diseases ...	1.51	1.06	0.65	0.45	0.26	1.58	1.07	0.72	0.51	0.48	1.53	1.06	0.66	0.47	0.33
Smallpox ...	0.00	0.00	0.00	0.00	0.00	Nil.	0.00	Nil.	0.00	Nil.	Nil.	0.00	0.00	0.00	0.00
Scarlet Fever ...	0.07	0.03	0.03	0.02	0.03	0.05	0.03	0.03	0.03	0.03	0.07	0.03	0.03	0.03	0.03
Diphtheria ...	0.15	0.16	0.08	0.06	0.07	0.12	0.12	0.07	0.05	0.11	0.14	0.15	0.08	0.06	0.09
Enteric Fever ...	0.08	0.05	0.04	0.02	0.02	0.08	0.05	0.03	0.02	0.02	0.08	0.05	0.03	0.02	0.02
Measles ...	0.32	0.37	0.15	0.10	0.05	0.35	0.33	0.16	0.13	0.09	0.33	0.36	0.15	0.11	0.09
Whooping Cough ...	0.22	0.18	0.12	0.12	0.04	0.20	0.18	0.15	0.14	0.09	0.22	0.18	0.13	0.13	0.09
Respiratory Diseases ...	2.39	2.88	2.29	1.99	1.39	2.27	2.66	2.02	1.84	1.24	2.36	2.82	2.22	1.95	1.33
Respiratory Tuberculosis ...	0.83	0.94	0.75	0.67	0.61	0.63	0.78	0.60	0.58	0.47	0.78	0.90	0.71	0.65	0.57
Other Tuberculous Diseases ...	0.44	0.41	0.29	0.23	0.19	0.35	0.35	0.26	0.22	0.22	0.42	0.39	0.28	0.23	0.20
Cancer ...	0.95	1.12	1.17	1.31	1.39	0.78	0.92	1.04	1.12	1.17	0.91	1.07	1.14	1.26	1.33
Heart Disease ...	1.45	1.55	1.51	1.93	2.32	1.18	1.35	1.30	1.56	1.98	1.38	1.50	1.45	1.83	2.22

* Deaths under one year per 1,000 births.

† For the quinquennium 1910-14 this rate includes deaths from diarrhœa and enteritis at all ages, but after that period those occurring under two years of age only.

Urban and Rural Statistics for 1930.—These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales:—

	Annual Rates per 1,000 of the Estimated Population.						Infant Mortality (Deaths under one year per 1,000 Births).
	Birth-rate.	Death-rate.	Zymotic* Death-rate.	Phthisis Death-rate.	Other Tub. Diseases. Death-rate.	Respiratory Death-rate.	
(1) Urban Districts in the West Riding	15.9	11.7	0.26	0.61	0.19	1.39	64
(2) Rural Districts in the West Riding	19.4	10.6	0.48	0.47	0.22	1.24	68
(3) WEST RIDING ADMINISTRATIVE COUNTY	16.9	11.4	0.33	0.57	0.20	1.35	65
(4) <i>England & Wales</i>	16.3	11.4	0.37	0.74	0.16	1.30	60

* Includes deaths from Diarrhoea, etc., under 2 years of age only.

Deaths and Death Rates from Cancer.

Year.	West Riding Administrative County.						<i>England & Wales Death-rate.</i>
	Total No. of Deaths.			Death-rate per 1,000 of the population.			
	County.	Urban.	Rural.	County.	Urban.	Rural.	
1920	1607	1250	357	1·07	1·13	0·90	1·16
1921	1684	1285	399	1·11	1·14	1·04	1·21
1922	1729	1328	401	1·15	1·19	1·06	1·23
1923	1743	1314	429	1·16	1·17	1·12	1·27
1924	1806	1386	420	1·19	1·23	1·07	1·30
1925	1871	1432	439	1·22	1·26	1·11	1·34
1926	1920	1453	467	1·24	1·27	1·13	1·36
1927	1944	1466	478	1·28	1·34	1·13	1·38
1928	1959	1476	483	1·29	1·35	1·13	1·43
1929	1960	1495	465	1·28	1·36	1·08	1·44
Average for 10 years, 1920-29	1822	1388	434	1·20	1·24	1·08	1·31
1930	2034	1522	512	1·33	1·39	1·17	1·45

INFANTILE MORTALITY.

In the Administrative County the infantile mortality rate has been almost invariably a little higher than that of England and Wales as a whole. As a rule it has fluctuated in almost the same manner and to the same extent as that of England and Wales, except in the year 1928, when it fell below it. With this exception the parallelism has been fairly close.

In scrutinising the causes of death of infants under one year (see table on page 24), the largest group is that of congenital debility. Two investigations into the causes of still births and neo-natal deaths (Medical Research Council Special Reports 109 and 118) show that asphyxia is a cause of roughly 75 per cent. of still births. Some of these may be inevitable, but it is felt that if every expectant mother could, by efficient ante-natal care, be ensured a normal confinement, there would be a reduction in this figure.

The other large group, "Other Defined Diseases," consists of a large number of causes which are singly too small to discuss.

Diarrhoea, owing perhaps to improved sanitation, improved storage and production of milk, and readily available instruction in infant feeding, is now a small factor in infant mortality.

Pneumonia, to which might be added bronchitis, is a cause of death in more than 11 per cent. of cases. While the other causes of death are in much the same proportion in all social grades of society, pneumonia shows some degree of correlation with poor social conditions (Journal of Hygiene, XXVI, p. 38). "An environment factor of the sociological order more or less imperfectly measured by infant mortality or percentage overcrowding is of much importance in the determination of pneumonia mortality in early childhood" (Ibid., p. 40). Osler states that broncho-pneumonia prevails more extensively among the poorer classes. This disease is a common sequel of measles and of frequent occurrence in debilitated conditions produced by diarrhoea, etc. An acquaintance with the home conditions, such as the Health Visitors obtain, would show why this might easily be so. The occurrence of pneumonia as a complication of wasting disease, infectious disease or diarrhoea is a catastrophe. While the medical attention may be the same in the several social grades, the standard of nursing is generally lower in the poorer classes, and to some extent the responsible people are reduced by the difficulties to apathetic fatalism. These cases require a degree of skilled nursing which at present can only be supplied in continuous form by a children's hospital.

West Riding Administrative County.
Causes of Infant Mortality in the years 1910-30.

Number of Deaths under One Year per 1,000 births.																
YEAR.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Respiratory Tuberculosis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Diarrhoea.	Congenital Debility and Malformation Premature Birth.	Other Causes.	Total. (All Causes)
1910	nil.	nil.	2.14	0.08	5.25	0.18	0.15	0.30	4.37	10.83	10.35	1.16	14.39	45.49	21.91	116.60
1911	0.05	nil.	4.33	0.15	5.43	0.15	0.35	0.15	4.23	11.05	11.78	0.78	37.04	44.23	23.13	142.85
1912	nil.	nil.	2.67	0.05	3.94	0.18	0.36	0.15	2.87	8.31	8.66	0.61	6.71	40.81	19.61	94.93
1913	nil.	nil.	2.59	0.11	2.35	0.16	0.19	0.19	3.42	10.30	12.94	0.40	20.12	45.41	21.42	119.60
1914	nil.	nil.	2.87	0.05	5.48	0.24	0.24	0.21	3.01	9.36	11.41	0.53	18.19	41.86	20.48	113.93
1915	0.03	nil.	4.20	0.21	4.28	0.21	0.21	0.15	2.90	10.07	12.91	0.35	14.48	41.47	20.65	112.12
1916	nil.	nil.	1.35	0.09	2.68	0.09	0.25	0.31	2.34	9.64	11.05	0.77	10.96	34.45	21.86	95.84
1917	nil.	nil.	2.70	0.04	2.67	0.18	0.25	0.36	2.45	10.17	12.24	0.71	8.11	34.72	23.73	98.33
1918	nil.	nil.	5.05	nil.	7.50	0.07	5.01	0.36	1.53	11.19	14.18	0.57	9.77	36.68	19.87	111.78
1919	nil.	nil.	0.88	nil.	1.62	0.11	2.85	0.35	1.80	12.25	12.39	0.63	8.55	39.14	19.46	100.03
1920	nil.	nil.	2.48	0.05	1.64	0.11	1.14	0.16	2.09	9.88	11.04	0.42	11.92	31.65	19.15	91.73
1921	nil.	nil.	0.17	0.03	4.55	0.03	1.10	0.31	1.76	7.82	13.40	0.37	14.22	36.94	16.52	97.20
1922	0.03	0.03	1.69	nil.	2.91	0.10	0.51	0.16	1.95	6.75	11.86	0.38	6.52	33.50	14.51	80.90
1923	nil.	nil.	1.81	0.06	2.16	0.06	0.55	0.36	1.55	6.71	11.00	0.48	7.10	33.52	15.91	81.27
1924	nil.	nil.	1.09	nil.	2.67	nil.	1.48	0.06	1.35	6.14	15.47	0.61	6.72	33.10	13.96	82.65
1925	nil.	nil.	1.88	0.06	2.92	0.29	0.62	0.29	1.46	6.22	13.09	0.45	7.06	33.17	13.41	80.92
1926	nil.	nil.	0.47	0.03	4.02	0.07	0.20	0.17	1.23	5.35	10.97	0.43	6.45	30.87	13.16	73.42
1927	nil.	0.19	2.65	0.08	2.79	0.08	1.04	0.15	1.45	5.33	15.46	0.37	4.73	32.35	12.49	79.16
1928	nil.	nil.	0.56	0.04	1.11	0.07	0.33	0.04	1.67	2.59	9.31	0.30	4.71	30.14	11.49	62.36
1929	nil.	0.04	1.41	nil.	4.97	0.24	2.54	0.24	0.90	6.65	17.44	0.31	6.14	33.75	13.92	88.55
1930	0.04	nil.	0.89	nil.	1.89	0.23	0.08	0.08	1.20	2.47	8.71	0.23	3.86	34.00	11.45	65.13

ZYMOTIC DISEASE.

Particulars regarding the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was 0·33 per 1,000 of the estimated population:—

Zymotic Disease.	No. of Cases 1930.	No. of Deaths 1930.	Ratio of Deaths.	
			(a) per 1,000 persons attacked.	(b) per 1,000 persons living.
(1) Smallpox	617	1	1·62	0·001
(2) Scarlet Fever	5726	43	7·51	0·028
(3) Diphtheria	1727	135	78·17	0·088
(4) Enteric Fever	148	28	189·20	0·018
(5) Measles	*	89	?	0·058
(6) Whooping Cough	*	84	?	0·055
(7) Diarrhœa, etc., under two years	*	119	?	0·077
Total of chief Zymotic Diseases	?	499	?	0·325

* The numbers of cases of measles, whooping cough and diarrhœa are not available, as these diseases are not generally notifiable in the Administrative County.

The following table gives the number of cases notified, and rates per 1,000 population in the Administrative County during the years 1926–1930:—

Diseases.	Number of Cases Notified.					Cases Notified per 1,000 population.				
	1926	1927	1928	1929	1930	1926	1927	1928	1929	1930
Small-pox	1029	2013	1647	1229	617	0·66	1·33	1·08	0·80	0·40
Scarlet Fever	3519	3292	4493	7795	5726	2·26	2·17	2·95	5·10	3·73
Diphtheria	934	877	1214	1328	1727	0·60	0·58	0·80	0·87	1·13
Enteric Fever	173	216	170	296	148	0·11	0·14	0·11	0·19	0·10
Puerperal Fever	93	64	96	106	89	0·06	0·04	0·06	0·07	0·06
Puerperal Pyrexia	†75	159	182	166	157	0·05	0·10	0·12	0·11	0·10
Cerebro-Spinal Fever	8	9	8	20	115	0·01	0·01	0·01	0·01	0·07
Acute Poliomyelitis	26	33	6	16	16	0·02	0·02	0·00	0·01	0·01
Acute Polio-Encephalitis	1	10	4	6	15	0·00	0·01	0·00	0·00	0·01
Encephalitis Lethargica	56	48	39	32	35	0·04	0·03	0·03	0·02	0·02
Ophthalmia Neonatorum	171	110	129	121	108	*5·68	*4·10	*4·78	*4·73	*4·16
Erysipelas	647	647	763	807	769	0·42	0·43	0·50	0·53	0·50
Respiratory Tuberculosis	2839	2382	2331	2142	1717	1·83	1·57	1·53	1·40	1·12
Other Forms of Tuberculosis	1063	920	923	792	874	0·68	0·61	0·61	0·52	0·57

* Cases notified per 1,000 Registered Births.

† Became notifiable on 1st October, 1926.

Enteric Fever.—There were 148 cases of enteric fever notified in the Administrative Area during the year. Having regard to the population of the County and the previous incidence of the disease, this number can not be regarded as excessive.

Of these cases, 52 Urban Districts contributed 101. Thus 29 of these districts had 1 case, 14 districts had 2, 4 had 3, 2 had 4, one had 5, one had 8 (Spenborough), and one had 11, the latter being Honley, where a considerable epidemic was reported last year. On investigation the Honley outbreak was attributed to a “carrier” occupied in the distribution of milk. This individual, by agreement with the Local Authority, has taken up another occupation and is continually under observation.

Further, 17 Rural Districts were responsible for 47 cases, 8 districts had 1 case, 3 districts 2; 2 had 3; 2 (Rotherham Rural and Wortley Rural) had 4; Wakefield Rural 7; and Hemsworth Rural 12.

Considering the prevalence of the disease in sporadic form all over the County, and the absence of anything in the nature of an epidemic, the vigilance and prompt execution of preventive measures by the Sanitary Authorities concerned may be commended.

Smallpox.—There was a marked diminution in the incidence of smallpox in the West Riding during the year, the cases notified numbering 617, about half last year's total.

The districts which were chiefly responsible were those in which the outbreak commenced in the previous year.

Maltby U. had 89 cases during the year and the epidemic terminated at the end of June. The outbreak entailed house-to-house visitation by County Nurses for several weeks.

The Rothwell epidemic produced 101 cases before termination in spite of most anxious care and supervision by the Medical Officer of Health and his staff, including almost daily visitation and inspection of the schools in the district.

Batley Borough with 43 cases and Heckmondwike with 34 were also a continuation, terminating with the summer months. Spenborough had 57 cases this year, a visitation after almost six months immunity from the previous winter, and Birstall had 28 cases, probably an extension from the Spenborough district.

Smaller outbreaks occurred, chiefly during the first half of the year, at Lepton U. 20 cases, Meltham U. 23 cases, Royston U. 19 cases, Hemsworth R. 19 cases, these latter being scattered over five months from May onwards. Ardsley E. and W. 13 cases and Ossett B. 14 cases.

What might be called a fresh epidemic occurred in Kiveton Park, the first case being notified on October 14th; 77 cases were notified during the year, but the outbreak continued with gradually diminishing intensity until May, 1931. Concerning this epidemic the Medical Officer of Health has some interesting remarks to make. He says "I cannot too strongly emphasise the importance of vaccination or re-vaccination as a protection against smallpox, and regret the reluctance of many people to take advantage of the protection so afforded. Of a total of 77 cases, 59 were unvaccinated, while 18 cases with ages ranging from 22 to 62 years were vaccinated in infancy; the youngest vaccinated person who developed smallpox from the list of 77 cases being a man 22 years of age."

Details of other areas showing few cases will be found in the Appendix (Table III); 13 districts had only 1 case, 5 districts 2, 1 district 3, 2 districts 4, 5 districts 5, Kirkheaton had 6, coinciding with the outbreak at Lepton U., Keighley B. had 8 during the autumn months, and Queensbury U. had 7, this latter continuing over the New Year and extending to Shelf.

For particulars of the work of Public Vaccination see page 41.

Cerebro-Spinal Fever.—There were 115 cases of cerebro-spinal fever notified in the West Riding Administrative Area during the year; thus there was a considerable increase on the previous year, when 20 cases were notified.

Of these 115 cases, 50 occurred in the Thorne Rural District, 17 in Doncaster R., and 10 in Wombwell U. Bentley-with-Arksey, Hemsworth U. and Hoyland Nether contributed 5 cases each, Rotherham R. 4, Adwick-le-Street 3, and Queensbury and Worsborough 2 each. Illustrating the sporadic nature of the disease, it will be seen that one case occurred in each of the following widely scattered districts:—Conisbrough, Cudworth, Darton, Golcar, Lepton, Mexborough, Rawmarsh, Thurnscoe, Wath-upon-Deane, Great Ouseburn, Kiveton Park and Wortley.

Unfortunately, this acute brain infection has increased to an alarming extent during the present year (1931). It assumed epidemic form in a number of areas, chiefly around and near the original focus at Thorne, the notifications by the end of June totalling 420.

Cerebro-spinal fever is invariably associated with a high death-rate; the mortality during the year, approximately 50 per cent., is not unusual. In many of the cases the virulence of the infection was such that death occurred within 24 hours.

The infective germ of the disease is harboured in the throat and upper nasal passages, and as it is quite possible for healthy persons to be carrying the disease without showing any signs or experiencing any symptoms whatever, intimate contact with these healthy carriers may result in infection. It is thus evident that little can be done in the way of preventive measures except recommending abundance of fresh air and ventilation, prevention of overcrowding, and attention to the throat and nose by some form of spraying or inhalation. Everything possible was done by the Medical Officers of Health and Sanitary Staffs of the areas affected, and the County Staff gave assistance in diagnosis and investigation in many districts.

Isolation Hospitals.—The following table gives particulars of the removals to hospital during 1930. Columns 25 to 29 of Table III (see Appendix) show the removals for each district:—

	Total cases notified.	Cases removed to Hospital.	
		Number.	Percentage.
Smallpox	617	613	99·3
Scarlet Fever	5726	4836	84·5
Diphtheria	1727	1563	90·4
Enteric Fever	148	122	82·4
Total for 1930 ...	8218	7134	86·8

TREATMENT OF VENEREAL DISEASES.

Below is a list of the Venereal Diseases Treatment Centres giving the days and hours of attendance:—

Name of Institution.	Days and Hours of Attendance.	
	Men.	Women and Children.
Bradford Royal Infirmary	Monday and Saturday, 9.30 a.m.; Tuesday, 6 p.m.	Monday, 5 to 7 p.m.; Tuesday, 3.30 to 5.30 p.m.; and Friday, 10 a.m.
Burnley Victoria Hospital	Monday, 10 to 11 a.m. and 5.30 to 6.30 p.m.	Friday, 11 to 12 noon and 5.30 to 6.30 p.m.
Dewsbury Infirmary ...	Monday, 3 to 5 p.m.; Thursday, 7 to 9 p.m.	Monday, 3 to 5 p.m.; Thursday, 7 to 9 p.m.
Doncaster Royal Infirmary	Tuesday, 4 to 6 p.m.; Friday, 9 to 11 a.m., and 4 to 6 p.m.	Monday, 4 to 6 p.m.
Goole, Bartholomew Hospital	Friday, 8 p.m.	Friday, 5 p.m.
Leeds General Infirmary	Monday to Friday (inclusive), 10 a.m. to noon, and 2 to 7 p.m.; Saturday, 10 a.m. to noon	Monday, 1.30 to 3.0 p.m.; Thursday, 5.30 to 7 p.m.
Burnsley Clinic, Queen's Road	Thursday, 6 to 8 p.m.; Saturday, 3 to 5 p.m.	Thursday, 3 to 5 p.m.
Halifax Royal Infirmary ...	Thursday, 6 to 8 p.m.	Tuesday, 3.30 to 4.30 p.m. and 6 to 8 p.m.
Huddersfield Royal Infirmary	Tuesday, 6 to 8 p.m.; Thursday, 7 to 9 p.m.	Monday, 7 to 9 p.m.; Friday, 6 to 8 p.m.
Keighley Victoria Hospital	Tuesday and Thursday, 7.30 to 8.30 p.m.	Tuesday and Thursday, 6 to 7 p.m.
Oldham Royal Infirmary	Tuesday, 7.30 p.m., and Wednesday, 7.30 p.m.	Monday, 7.30 p.m.; Tuesday, Wednesday, Thursday and Friday, 3 p.m.
York County Hospital ...	Monday, 3 to 4 p.m.; Thursday, 6 to 7 p.m.; Friday, 7.30 to 8.30 p.m.	Wednesday, 3 to 4 p.m.; Friday, 7 to 7.30 p.m.
Rotherham T.B. Dispensary, 12, Frederick Street	Tuesday, 9.30 a.m. and 6 p.m.; Wednesday, 6 p.m.	Thursday, 11 a.m. to 12 noon and 6 to 8 p.m.
Wakefield Clayton Hospital	Wednesday, 6 to 8 p.m.; Friday, 10 to 12 noon	Monday, 4 to 6 p.m.; Friday, 3 to 5 p.m.

The following is a table showing the Venereal Treatment Centres and the number of attendances, etc., during 1930:—

Centre.	No. of New Patients.	No. of doses of Arseno-benzene compounds.	No. of In-patient Days.	No. of Out-patient Attendances.
Bradford Royal Infirmary	99	432	177	3900
Burnley Victoria Hospital	7	26	—	65
Dewsbury Infirmary	64	331	14	5043
Doncaster Royal Infirmary	253	628	281	9033
Goole, Bartholomew Hospital	45	62	24	449
Leeds General Infirmary	328	2713	2017	11988
Barnsley Clinic, Queen's Road	140	324	—	7334
Halifax Royal Infirmary	114	133	110	2043
Huddersfield Royal Infirmary	57	453	55	2185
Keighley Victoria Hospital	69	255	—	2713
Oldham Royal Infirmary	6	45	44	234
York County Hospital	16	58	27	320
Rotherham T.B. Dispensary, 12, Frederick Street	102	305	11	2869
Wakefield Clayton Hospital	238	492	355	6292
	1538	6257	3115	54468

The following table gives an analysis of the combined returns of treatment centres for the year 1930, compared with previous years:—

Year.	New Patients.	Doses of Arsenobenzene Compounds.	In-patient Days.	Out-patient Attendances.
1920	2043	10259	2119	24552
1921	1434	8229	1540	30606
1922	1114	6685	974	27971
1923	1251	6434	1712	30155
1924	1344	6430	1293	34794
1925	1437	7110	1516	43965
1926	1417	6392	1381	47369
1927	1446	6775	1083	44828
1928	1632	6426	1409	53068
1929	1543	6397	1226	55092
1930	1538	6257	3115	54468

The totals of this table for 1930 show very little variation from the previous year, except in the column of "In-patient Days." This is accounted for by the inclusion of patients treated at the "Hope Hospital," Leeds, and in many cases means mother and new-born babe.

A further table shows an analysis of all new patients treated at Clinics during 1930, from every locality in the County, excluding Sheffield.

Venereal Diseases						Non-Venereal Diseases.			
Syphilis.		Soft Chancre.		Gonorrhoea.		Total.		Other Diseases.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
827	505	12	—	1906	406	2744	911	1179	463

On a previous page is given a list of the Centres where agreements are in force between the West Riding County Council and the Local Authority for the treatment of West Riding patients, with details of days and hours of attendance of a Medical Officer for the purpose of diagnosis and treatment.

At all these Centres facilities are given for intermediate treatment of Gonorrhoea and Syphilis by a nurse or male attendant adequately trained. In many of the Centres this is available for all or a greater part of the day, at others at times most suitable to the community, and for females arrangements can always be made with the nurse.

During the last five years several sessions have been added here and there, as necessity has arisen, by reason of increase in numbers attending, i.e., at Doncaster, which in 1925 recorded 250 new patients per annum, with a total attendance of 8,959. This year 1930, shows 366 new patients, with a total attendance of 14,515 (this includes in each case County Borough patients).

Although the large Centres show very little difference in incidence of new patients during a number of years, such Centres as Keighley and Goole, where the population is practically stationary and non-fluctuating in character, show a considerable diminution. It may be inferred that the post-war prevalence of disease has been overcome in these areas, and that the Clinics are now serving the useful purpose of giving modern treatment to a "normal" incidence of infection, which in pre-war times was treated by the family doctor. Added to the latter are those cases, congenital and others, discovered at ante-natal, Child Welfare, and Medical Clinics.

It is gratifying also to notice each year the increasing recognition of the work of the Centres by the Medical profession generally, as is shown by the cases referred for an opinion. The numbers who come voluntarily for examination when suspicious of infection continues to increase.

Beds for in-patient treatment are provided in connection with all Centres, and by arrangement with the Leeds Authority any West Riding female patient whose circumstances are such that she cannot be treated at home may be accommodated and treated at the Hope Hospital. Maternity cases infected with Venereal diseases may also be conducted here, and mother and child retained until a cure is effected.

General Practitioners who are approved, in accordance with the requirements of the Ministry of Health, to receive arsenobenzene compounds now number 76. The number of doses supplied during the year was 932.

HEALTH EDUCATION.

The Health Week activities of the Joint Propaganda Committee for 1930 followed the lines laid down for previous years, and consisted of the following programme carried out during the week, October 5th-11th:—

Addresses to School Children.—Addresses to scholars attending elementary and secondary schools were given by medical practitioners or head teachers, as follows:—

	Elementary Schools.	Secondary Schools.	Total.
Medical Practitioners	214	1	215
Head Teachers	665	50	715

Skeletal notes were prepared by Dr. Lawrence for the guidance of the Lecturers, 3,575 copies being distributed.

Distribution of Posters, Leaflets, etc.—The following methods were adopted to bring to the notice of the general public the various health hints and mottoes forming the basis of Health Week activities in the County:—

Artistic posters (two designs) were distributed to all West Riding Elementary and Secondary Schools in the West Riding, including autonomous areas; all panel chemists, and various public treatment clinics. These designs were taken from successful posters submitted for the poster competition in 1929. The total number of posters distributed was 6,134.

Illustrated leaflets (in colours), to the number of 95,800, were sent to panel chemists for use as medicine wrappers. Six designs were used, and were selected from prize-winning posters submitted by scholars in connection with the poster competition in 1929.

The distribution of small illustrated leaflets (of a similar design to the above) to insured persons. This distribution is not being confined to Health Week, but is being effected day by day by enclosures with medical cards or circulars issued by the West Riding Insurance Committee. 100,000 of these leaflets have been printed.

Distribution of 12,000 copies of the journal, "Better Health," issued by the Central Council for Health Education, to Child Welfare Centres, School Clinics, Tuberculosis Dispensaries, Ministers of Religion, Teachers in Elementary and Secondary Schools, Panel Doctors and Panel Chemists.

Co-operation of Ministers of Religion.—A circular letter was issued to 1,723 Ministers of Religion in the County, requesting that some reference should be made to the subject of Health on Health Sunday.

Competitions.—A poster and essay competition was arranged amongst school children attending elementary and secondary schools under similar conditions as formerly. In connection with the poster competition, 220 designs from elementary schools and 46 from secondary schools were submitted, and 56 prizes were awarded. 371 essays were submitted for the essay competition (263 from elementary schools and 108 from secondary schools), and 56 prizes were awarded.

Lectures and Film Shows.—In addition to the propaganda in connection with Health Week, it has been the custom for some years to make use of the British Social Hygiene Council, with its large variety of films and panel of competent lecturers, to conduct at least one month per year intensive educational propaganda on the subject of venereal disease in specified districts. A tour is selected by the Department and submitted to the Committee for approval, after which arrangements are made and the itinerary organised so that no time is lost by the lecturer. By selecting a suitable centre within easy reach of surrounding districts, people in nearly all parts of the Riding have been given an opportunity of attending these film lectures once in three years. Many letters of appreciation of these lectures have been received from Councillors and other prominent residents in most districts.

In addition, the County Medical Officer, his assistants and nurses gave lectures and talks whenever possible.

During 1930 the lecturing tour included the following districts:—Dinnington, Kiveton Park, Conisbrough, Royston, Maltby, Mexborough, Rawmarsh, Pontefract, Middlestown, Sharlston, Grimethorpe, Great Houghton, South Elmsall and Moorthorpe. The success of the campaign may be gauged from the size of the audiences, which ranged from 200 in some places to 1,000 in others.

HOUSING.

In order to appreciate fully the present housing situation, it is necessary to provide a short review, as given in preceding reports.

Before the War, in the Riding, the provision of new houses averaged about 5,000 per year, and this was then deemed inadequate to meet properly the need of the increasing population.

So far back as 1919 it was estimated that 40,000 new houses were required during the three years ended December 31st, 1922, to provide for the increase in population; to re-house the occupants of unfit houses; to abate overcrowding and re-house people living in unhealthy areas. Assuming that, for the eight years which have elapsed since 1922, a further average of 5,000 houses per year were necessary (i.e., if building were maintained at pre-war rate), it would appear that to meet all demands up to the end of 1930, 80,000 houses should have been built. It is to the credit of the Local Authorities and others concerned that, during the above period, approximately 70,000 houses actually were erected in the West Riding Administrative County.

For the last three years the following particulars are given in regard to erection of houses, viz.:—

Year.	1928.	1929.	1930.
By Local Authorities and Private Enterprise under Assisted Schemes	3474	4496	1316
Unassisted	1035*	1082*	1977*
Total	4509	5578	3293

* These figures are for 12 months ended September 30th each year.

It will be observed that during the year the rate of unassisted building has shown a good increase, but the number of houses erected under assisted schemes has fallen to a very large degree.

There is still evidence of a shortage of modern dwellings, which can be let at rents within the means of the lower paid wage earner, and even though the cost of building has fallen considerably, there appears as yet little likelihood of this demand being met.

In August, the new Housing Act of 1930 came into force. Some of the principal objects of the Act are:—

1. To simplify and facilitate the task of clearing away existing slums.
2. To prevent the creation of new slums by stopping the deterioration of other areas.
3. To meet the economic difficulty of re-housing the poorest inhabitants of the slums at rents which they can afford, increased financial assistance on a new basis is provided.
4. Simplification and improvement of the procedure under which individual houses may be repaired or demolished.

With regard to Nos. 1, 2 and 3, the Act contains useful provisions which will undoubtedly strengthen the hands of Local Authorities, and if properly applied will do much to improve the conditions under which the slum dwellers live. With regard to No. 4, particularly the question of the repairing of houses, some differences of opinion exist, but until tested in the light of experience a really definite opinion cannot be given.

The Act also makes special reference to housing in Rural Districts, and throws upon County Councils a definite responsibility for the housing conditions in these areas. They are required to take steps to acquaint themselves of the housing situation in such Rural Districts; of the action which has been taken or is proposed to be taken to remedy unsatisfactory conditions and provide further housing accommodation. There is also a continuing duty on County Councils to keep themselves informed in such matters.

Further, Rural Districts may obtain from County Councils a yearly contribution in regard to houses erected for agricultural workers.

Another important provision of the Act is that enabling Local Authorities to erect small houses for aged persons. These, in some districts, are urgently needed.

Inspection of Dwelling-houses under the Housing Consolidated Regulations, 1925.

The table below shows the numbers of houses inspected and recorded, and action taken in regard to unfit houses during the five years 1925 to 1929 inclusive:—

Year.	1925.	1926.	1927.	1928.	1929.
1. Total Authorities, viz.:	150	149	148	148	148
Urban	122	121	120	120	120
Rural	28	28	28	28	28
2. Authorities who recorded no Inspection	15	5	8	1	1
Urban	13	5	7	1	1
Rural	2	0	1	0	0
3. Total Inspections Made	18061	21092	14291	16097	15375
Urban	14776	18032	11880	13209	11685
Rural	3285	3060	2411	2888	3690
4. Average No. of Inspections	120.4	141.5	96.5	108.7	103.9
Urban	121.0	149.0	99.0	110.0	97.4
Rural	117.3	109.3	86.1	103.1	131.8
5. Total Unfit Houses found	347	615	352	512	636
Total Unfit Houses Represented	199	288	281	387	366
Total Closing Orders made	159	280	260	338	341
Total Unfit Houses Remedied without Closing Orders	46	227	120	95	123
Total Unfit Houses Remedied after Service of Closing Orders	16	33	51	50	51

The work accomplished during 1930 is set out below:—

Summary of housing work, showing the action taken under the provisions of the Housing Act, 1925; the Housing Act, 1930; and the Housing Consolidated Regulations, 1925, or matters arising therefrom:—

	Urban Districts.	Rural Districts.	Totals.
<i>1—Inspection of dwelling-houses during the year.</i>			
(1) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ...	16550	10828	27378
(2) Number of dwelling-houses [included under sub-head (1) above] which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	8037	8111	16148
(3) Total number of inspections made ...	20732	12495	33227
(4) Number of dwelling-houses needing further action ...	9075	4050	13125
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation (Sec. 9, 1925 Act; Sec. 19, 1930 Act) ...	973	545	1518
(b) Number [excluding those in sub-head (a) above] found not to be in all respects reasonably fit for human habitation (Sec. 3, 1925 Act; Sec. 17, 1930 Act; or Public Health Acts)	8102	3505	11607
Totals of (4)—(a) and (b) should equal figure given for (4)			
<i>2—Remedy of defects during the year without service of formal notices.</i>			
No. of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ...	6926	1501	8427
<i>3—Action under Statutory Powers during the year.</i>			
A. Proceedings under Section 3, Housing Act, 1925; or Sections 17, 18, 22, Housing Act, 1930—			
(1) No. of dwelling-houses in respect of which notices were served requiring repairs ...	1355	417	1772
(2) No. of dwelling-houses which were rendered fit after service of formal notices ...	811	298	1109
(a) By owners ...	774	278	1052
(b) By Local Authority in default of owners ...	37	20	57
(3) No. of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...	53	16	69
(4) No. of appeals against notices requiring execution of works to dwelling-houses ...	7	3	10

	Urban Districts.	Rural Districts.	Totals.
B. Proceedings under Public Health Acts—			
(1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	2757	1470	4227
(2) No. of dwelling-houses in which defects were remedied after service of formal notices	2166	903	3069
(a) By owners	2136	889	3025
(b) By Local Authority in default of owners	30	14	44
C. Proceedings under Sections 11, 14, 15, Housing Act, 1925; and Sections 19, 20, 21, 22, Housing Act, 1930—			
(1) No. of representations, etc., made in respect of dwelling-houses unfit for habitation	412	129	541
(2) No. of dwelling-houses in respect of which Closing Orders were made ...	227	59	286
(3) No. of dwelling-houses in respect of which Closing Orders were determined, the houses having been rendered fit	113	3	116
(4) No. of dwelling-houses in respect of which undertakings were accepted from owners—Sec. 19(2)—			
(a) To render houses fit for human habitation	45	20	65
(b) As to usage other than for human habitation	9	18	27
(5) No. of appeals against Closing Orders	6	6	12
(6) No. of appeals against refusal to determine Closing Orders	—	1	1
(7) No. of dwelling-houses in respect of which Demolition Orders were made	83	48	131
(8) No. of dwelling-houses demolished in pursuance of Demolition Order ...	49	14	63
(9) No. of appeals against Demolition Order	2	—	2
NOTE.—The above statement is compiled from returns furnished by the Medical Officers of Health of the Sanitary Authorities throughout the Riding.			

It cannot be too strongly impressed upon Local Authorities the importance of providing and maintaining satisfactory housing accommodation for their respective populations. The inspection of dwelling houses, recording such inspections, followed up by the necessary action to secure the closure of unfit houses and the repair of others, should be one of the first duties of a Local Authority. Where this practice is neglected or apathy is present there is bound to be much waste of energy and of public money in both this and other sections of Public Health administration. In the Riding, generally, there appears to be a growing number of districts where this work is not receiving the attention that it should, as no less than 37 districts out of a total of 147 report less than 20 houses inspected and recorded during the year 1930. This number is made up of 33 urban and 4 rural districts. This year the usual list of what may be termed "backward" districts (in regard to this work) is not being published. A reference to their Medical Officer's Annual Report will show an Authority whether it qualifies to appear in the above group.

During the year the work of the Inspectorial Staff of the Department has included:—

Surveys of Housing Conditions.

Carlton Parish—Barnsley R.D.
Clifton Parish—Halifax R.D.

Re-Surveys of Housing Conditions in the following Urban Districts.

Linthwaite.
Slaithwaite.
Yeadon.

Investigations into Insanitary or Defective Houses at

Garforth U.D.
Gildersome U.D.
Great Ouseburn R.D. (Staveley).
Hemsworth R.D.
Holmfirth U.D.

Investigation and Reports on Van Dwellings.

Thorne Rural District—Parishes of Hatfield and Stainforth.

Representations and Closing Orders.

Copies of the above have been received during the year as under:—

Authority.	Representations.	Closing Orders.	Demolition Orders.	Determining Orders.
Barnsley R.D.	—	10	—	—
Goole R.D.	—	—	1	—
Great Ouseburn R.D.	14	14	—	—
Hemsworth R.D.	9	—	—	—
Rotherham R.D.	—	3	3	—
Tadcaster R.D.	—	4	5	—

Unhealthy, Clearance or Improvement Areas.

The following are extracts from Annual Reports in connection with the above:—

Knarcsborough Urban. “ During the year the Council scheduled the Beech Hill and Piccadilly insanitary areas as clearance areas under the Housing Act of 1930, and progress has been made with these schemes.”

Keighley Borough. “ Under the provisions of the Housing Act, 1930, one clearance area (Eastwood Square), comprising 30 houses, and one improvement area, comprising Church Street East, Garden Street, Rhodes Place, Craven Row, and the property in Bradford Road co-extensive with this area, including 61 houses and to be known as the Bradford Road Improvement Area, were submitted by the Authority to the Ministry of Health for its approval. It is proposed to erect 304 new houses 104 to be utilised for re-housing tenants displaced under the Housing Act, 1930, in accordance with the above programme.”

“ The estimated number of persons to be rehoused under the Housing Act, 1930, is 420.”

Worsborough Urban. “ An improvement scheme, comprising 124 houses in the Worsborough Dale area, is being promoted.”

Goole Rural. “ The Council has scheduled an improvement area lying within the centre of the village of Swinefleet.”

NATIONAL HOUSING AND TOWN PLANNING COUNCIL.

Conference of Local Authorities in Yorkshire.—The Annual Conference held at Leeds on the 23rd May was attended by some 90 to 100 delegates representing about 50 Authorities in Yorkshire.

Among the matters discussed were:—

- (1) The Administration of the Financial Provisions of the Housing Act, 1924, as amended by the Housing (Revision of Contributions) Act, 1929.
- (2) The Housing (No. 2) Bill.
- (3) Town and Regional Planning Problems.

TOWN PLANNING.

The following action was taken during the year:—

Brighouse Borough Region Joint Town Planning Scheme—Resolution from Council deciding to prepare a scheme to include Brighouse Borough, Hipperholme and Southowram Urban Districts, and the Parishes of Clifton and Hartshead, and parts of the Parishes of Fixby and Norwood Green and Coley.

Horsforth Urban District—Resolution from Council deciding to prepare a scheme with reference to an area wholly within the Horsforth District.

Great Ouseburn Rural District—Resolution from Council deciding to prepare a scheme for an area wholly within the Rural District.

GENERAL SANITARY MATTERS.

Smoke Observations.

During 1930 the County Sanitary Inspectors continued the practice of taking smoke observations, each of 30 minutes duration, of chimneys (other than those of private dwelling-houses), in various parts of the County. Usually these observations were taken in company with the local Inspectors, but in all cases the results of the observations were communicated to the Authorities concerned.

From the subjoined table it will be seen that 52 observations were taken in 16 Sanitary Districts; that in 7 districts 9 of these observations gave an emission of more than three minutes black smoke, ranging from a maximum of 10.5 minutes to a minimum of 4 minutes, the average being 7.08 minutes. In the remaining 9 districts there were no emissions of above three minutes per observation. For the whole 52 observations, the average amount of black smoke per observation was 1.65 minutes, which is a great improvement on average for the preceding year, when the figure was 4.41 minutes.

In 10 of the above 16 districts a Bye-law under the Public Health (Smoke Abatement) Act, 1926, is in operation, and it is interesting to note that in 7 of these 10 districts, of the observations taken, all showed less than three minutes of black smoke.

SMOKE OBSERVATIONS, 1930.

Observations taken.	Chimneys showing above 3 mins. of black smoke per observation.				Number of observations showing		Average amount of black smoke per observation.
	Number.	Maximum emission.	Minimum emission.	Average.	Black smoke of 3 mins. or under.	No black smoke.	
		Minutes.	Minutes.	Minutes.			Minutes.
B *3	1	5.0	5.0	5.0	—	2	1.6
B 5	1	7.5	7.5	7.5	3	1	2.9
B 1	—	—	—	—	—	1	0.0
7	1	5.25	5.25	5.25	2	4	1.25
B 4	—	—	—	—	2	2	1.00
3	1	5.75	5.75	5.75	1	1	2.16
B *1	1	9.5	9.5	9.5	—	—	9.5
B 2	—	—	—	—	—	2	0.0
1	—	—	—	—	—	1	0.0
3	1	8.75	8.75	8.75	1	1	3.25
B 1	—	—	—	—	—	1	0.00
2	—	—	—	—	—	2	0.00
B 2	—	—	—	—	—	2	0.00
7	1	4.0	4.0	4.0	3	3	1.07
B 5	—	—	—	—	1	4	0.30
B 2	—	—	—	—	1	1	0.50
B 3	2	10.5	7.5	9.0	—	1	6.00
Totals 52	9	—	—	7.08	14	29	1.65

* These observations all in same district.

B=Bye-law under Public Health (Smoke Abatement) Act, 1926, in force.

The appeal in the Annual Report for 1929 urging Sanitary Authorities to adopt a bye-law under the Public Health (Smoke Abatement) Act, 1926 (in districts where this was not done already), met with a good response. Those Authorities who are still behind-hand in this respect are again reminded of this duty, even if they have only one factory or similar chimney in their area.

It is essential to obtain uniformity throughout the Riding in order to abolish the feeling of unfairness which rightly exists at present in the minds of some plant owners. They know that in their area a bye-law is in force limiting emission of black smoke to two or three minutes per half-hour, whereas in an adjacent area there is no such regulation, and either no limit is in operation or a much greater emission of black smoke is tolerated. Such a uniform measure would have the added effect of strengthening the hands of officers of the various Local Authorities.

Drainage, Sewerage and Sewage Disposal.

A general improvement still continues in this branch of work. The Annual Reports for the various districts show that year by year extensions of sewers are taking place, in some cases due to opening up of land for building operations, in others, areas formerly unsatisfactorily sewered have been dealt with.

Needless to say, there are still improvements and extensions that both the County Department and Local Authorities would like to see effected, but the question of cost—particularly at the present time—has to be very seriously considered.

During the period under review the attention of the Department has been directed to the following places, where conditions necessitated inquiry or investigation regarding drainage or sewerage matters:—

<i>Urban Districts.</i>	<i>Rural Districts.</i>
Castleford	Barnsley (Woolley)
Denby and Cumberworth	Doncaster (Austerfield and Norton)
New Mill	Tadcaster
Saddleworth	• (Aberford)
Pickhill	Thorne (Hatfield)
	Wharfedale (Pool)

The Department was represented at Inquiries held by the Ministry of Health into applications for sanction for loans in connection with works of sewerage or sewage disposal in the following areas:—

<i>Urban.</i>	<i>Rural.</i>
Barkisland	Doncaster
Barnoldswick	(Braithwell and Sprotborough)
Bentley-with-Arksey	Penistone (Silkstone)
Castleford	Skipton (Linton)
Darton	Tadcaster (Barwick-in-Elmet)
Denholme	Wetherby
Drighlington	
Elland	
Goole	
Tickhill	
Wath-upon-Deane	
Worsborough	

Water Supplies.

Investigations were made into the water supplies in 10 Urban and 10 Rural Areas. During September an investigation of various water supplies in the West Riding was made with the object of testing their plumbo-solvent quality, and 52 samples representing 26 water supplies were examined.

The method adopted was to collect two samples from each source, one after having stood in a lead pipe overnight, and the second after standing in the pipe for half an hour.

The result of the examinations was as follows:—

39 samples contained no lead.

13 samples contained lead varying in amount from "slight trace" to 1/7th of a grain per gallon.

The results of the examinations were communicated to the Medical Officers of Health of the Districts in which the samples were collected.

The Department was also represented at Inquiries by the Ministry of Health into applications for loans in respect of water supplies at the following places, viz.:—Holmfirth, Ilkley, Shipley, and New Mill Urban Districts; East and West Morton (Keighley R.D.), and Settle and Giggleswick (Settle R.D.).

Collection and Disposal of Refuse.

Year by year more attention is being given to this matter by Sanitary Authorities, with a consequent improvement in both methods of collection and disposal of refuse.

During the year the Department has made inquiry regarding scavenging at: Pateley Bridge R.D. (Bewerley), Penistone R.D. (Thurgoland), Wharfedale R.D. (Bramhope).

Refuse tips have been inspected or inquired into at the following places: Ardsley E. and W. U.D., Darton U.D., Knaresborough U.D., Mexborough U.D., Otley U.D., Penistone U.D., Ripon U.D., Saddleworth U.D., Swinton U.D., Tadeaster R.D. (South Milford), Wharfedale R.D. (Carlton Tip of the Yeadon U.D.).

Enquiries respecting refuse disposal in the Wetherby R.D. were also made, and the Department was represented at an Inquiry by the Ministry of Health at Selby into an application for sanction to a loan in connection with refuse disposal.

It is desired to impress upon all Sanitary Authorities who dispose of refuse by "tipping" the desirability of adopting the "controlled" system wherever possible. This method reduces to a minimum the nuisances associated with the tipping of refuse, including the risk of fire, and though naturally more expensive to operate in the first instance than indiscriminate tipping, gives results more than commensurate with the small additional cost incurred.

The following table shows the method of scavenging closets and ashpits in the various districts in the Riding:—

	Urban Districts.	Rural Districts.
Public Scavenging in operation over whole area	111	6
Public Scavenging adopted in part, or for portions of area	4	20
No Public Scavenging	4	2
Totals ...	119	28

Sanitary Accommodation.

In this enlightened age, the existence of privies and pail closets in any locality where there are sewers and water supplies is a matter for serious comment, and Sanitary Authorities in whose areas these out-of-date and unsatisfactory conveniences exist should indeed give serious thought to this matter. The table below shows a comparison of the percentage of closets on the water carriage system and on the conservancy system in the Administrative Area of the West Riding:—

	Urban Areas.	Rural Areas.
Water carriage system	83·92	59·84
Conservancy system	16·07	40·16

The progress made during the last five years is shown by the statement below:—

	1925.	1930.
Water closets	203834	244837
Waste water closets	17127	14449
Pail or tub closets	19396	16656
Privy midden closets	78568	55662

During the year inquiries or investigations were made regarding closet accommodation in 13 Urban and 3 Rural Districts.

The Department was also represented at an Inquiry held by the Ministry of Health into an application by the Wath-upon-Dearne Urban District for sanction to a loan in connection with a scheme for conversion of closets on the conservancy system to water closets, in that district.

Poisons and Pharmacy Act, 1908.

At the beginning of the year there were 19 persons licensed under the above Act in addition, 5 persons held licenses as assistants. At the end of the year the numbers were 21 and 7 respectively.

Conferences with Local Sanitary Inspectors.

As in previous years, the Department has co-operated with the Sanitary Inspectors in various districts throughout the Riding and matters presenting difficulties in the way of sanitary progress have been discussed; and advice and support given in many instances. During the year conferences took place with the officials of 30 sanitary districts.

MILK SUPPLIES.

Milk (Special Designations) Order, 1923.

The number of persons licensed by the County Council to use the Designation "Grade A" milk at the end of 1930 was 25—an increase of 3 over the number licensed last year.

Frequent inspections of licensees' premises have been made; methods of production have been watched, and milk and herd registers checked. Of a total of 128 samples taken during the year under review, 106 were found satisfactory, while the remaining 22 did not come up to the standard laid down in the Order. Special attention was paid to farms producing unsatisfactory samples and in such cases advice was given with a view to avoiding a repetition of such results. Generally, it has been found that the licensees have been anxious to comply with all requirements, and where samples have revealed some fault in methods, the producers concerned have tried hard to obviate this.

It cannot be gainsaid that the influence of the Milk (Special Designations) Order, 1923, has made itself felt throughout the entire trade, and has resulted in an advancement of the conditions under which milk is produced, handled and sold, generally; and although many improvements are still desirable, yet credit must be given for the great progress that has taken place during the past few years.

Milk and Dairies (Consolidation) Act, 1915.

Under Section 4 of the above Act a Medical Officer of Health who has reason to suspect that tuberculosis is caused or likely to be caused, by the consumption of milk coming into his district from the West Riding Administrative area, shall at once notify the County Medical Officer. On receipt of such notifications arrangements are made with the Chief Veterinary Officer, who institutes an examination of all the milk-producing animals on the farm. Samples of milk are collected from cows showing suspicious signs, and group samples are taken from the remainder of the herd for examination in the County Laboratory. Where tubercle bacilli are found in the milk the Veterinary Department is notified and slaughter of the affected animals is carried out without delay.

Notifications were received from the Medical Officers of Health of the following districts:—Bradford, 7; Hoyland Nether, 1; Manchester, 1; Salford, 1; Sheffield, 16; Wakefield, 5; Yorks. (E.R.), 1; Leeds, 1.

Supply of Milk to School Children.

It will be remembered that this scheme, introduced towards the latter part of 1929, provides for the distribution of liquid milk in $\frac{1}{2}$ pint bottles, to Elementary School children. As a result, a great amount of time has been devoted to the inspection of and the reporting upon prospective contractors' premises; their subsequent supervision when the contract has been granted, and the taking of samples for bacteriological examination and chemical analysis.

The statement appended shows the result of the bacteriological examinations of the samples taken during the year under review:—

*Designation of milk.	Samples taken.	Satisfactory.		Unsatisfactory.	
		Number.	Percentage of whole.	Number.	Percentage of whole.
Certified	4	4	100	0	0
" Grade A "	25	21	84	4	16
Pasteurised	20	7	35	13	65
Ordinary	90	56	62·2	34	37·8
Totals	139	88	63·3	51	36·7

* The standards adopted for school milk are as under:—

Certified.—Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Grade A (Tuberculin Tested).—Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade A.—Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade A (Pasteurised).—Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Pasteurised.—Not to contain more than 100,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Other Milk.—Not to contain more than 300,000 bacteria per c.c., or any coliform bacilli in 1/1000 c.c.

It will be noted from the above tabular statement the high proportion of unsatisfactory samples of "pasteurised" and "ordinary" milks which were supplied to West Riding school children. In the case of "pasteurised" milk it cannot be stated too emphatically that this process (pasteurisation) does not rid the liquid of all harmful bacteria, and thus does not provide the producer or any other person engaged in the trade with any good excuse for neglecting the usual precautions of cleanliness. Further, unless meticulous attention be paid to the thorough cleansing of utensils and the machinery of pasteurising plants, there can be no guarantee that appreciable reduction in the bacterial count will be effected by the process, for the passing of milk through unclean machines will merely have the effect of providing it with a second charge of the dangerous organisms which it is intended to destroy.

In all cases where milk did not reach the prescribed standard, the persons responsible were communicated with.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

QUARTERLY REPORT OF SAMPLES TAKEN DURING 1930.

District.	Sampling Officer.	Samples taken during 1930.				
		First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Barnsley	J. H. Bundy	67	72	63	78	280
Central	T. A. Bramley	70	96	73	105	344
Harrogate	W. B. Greenwood	89	80	58	103	330
Mirfield	E. Ward	107	113	101	112	433
Pontefract	H. F. Wilkinson	97	69	77	112	355
Rotherham	A. Garratt	90	57	57	123	327
Shipley	W. Bates	85	97	97	96	375
Skipton	T. S. Roberts	96	88	85	85	354
Sowerby	E. Bell	98	91	95	90	374
Total Samples taken by Sampling Officers		799	763	706	904	3172
Local Authorities		164	153	98	292	707
Total Samples		963	916	804	1191	3879

The above total includes 24 "appeal to the cow" samples (i.e., samples direct from the farm at the time of milking), which frequently entails early morning visits. Of these 24 samples, 19 were obtained by our Sampling Officers and 5 by Local Authorities.

Excluding the "cow" samples, 1,731 samples of milk were collected by our Officers, and 653 by local Sanitary Inspectors, making a total of 2,384, and of this total 159, or 6·7 per cent., were adulterated.

RECORD OF SAMPLES FOR FIVE YEARS 1921-25, AND FOR FIVE YEARS 1926-1930.

Year.	Total Samples submitted by		Total Examined.	Total Adulterated.	Percentage Adulterated.
	County Council.	Local Authorities.			
1921	3065	657	3722	237	6·4
1922	2926	658	3584	190	5·3
1923	2873	711	3584	182	5·1
1924	2880	687	3567	202	5·7
1925	2915	664	3579	192	5·4
Average for 5 years, 1921-25	2932	675	3607	201	5·6
1926	2926	688	3614	165	4·6
1927	2989	803	3792	172	4·5
1928	3034	792	3826	193	5·0
1929	2807	706	3513	207	5·8
1930	3153	702	3855	187	4·8
Average for 5 years, 1926-30	2982	738	3720	185	4·9

These figures do not include "cow" samples.

Out of the 187 samples reported against or adulterated during the year, there were, in addition to the 159 milk samples, 28 others, viz.:—Aerated Water 1, Baking Powder 2, Beer 2, Butter 5, Camphorated Oil 1, Cream 3, Jam 1, Lime Water 1, Malt Vinegar 2, Margarine 1, Pepper 1, Potted Meat 5, Saccharin Tablets 1, Treacle 1, and Vinegar 1.

In many instances cautions were issued to vendors, but with regard to 15 samples of Milk, two of Butter, two of Cream, one of Potted Meat, and one of Treacle, legal proceedings were instituted.

Samples taken by Local Authorities.—The following table shows the number of samples submitted by Local Authorities. With the exception of Harrogate, each authority submits samples of milk under the scheme whereby the County Council pays for the cost of analysis of such samples, and conducts any subsequent proceedings:—

Baildon	...	8	Hebden Bridge	...	8	Rothwell	...	79
Barnoldswick	...	32	Hemsworth U.	...	15	Stanley	...	17
Birstal	...	20	Horsforth	...	9	Thurkstone	...	2
Bolton-on-Deerne	...	9	Hoyland Nether	...	23	Thurnscoe	...	4
Brighouse	...	81	Ilkley	...	30	Thurstonland	...	1
Castleford	...	17	Keighley	...	37	Todmorden B.	...	24
Cudworth	...	2	Knaresborough	...	3	Wombwell	...	13
Elland	...	29	Mexborough	...	20	Hemsworth R.	...	13
Golear	...	10	Morley	...	3	Kiveton Park R.	...	19
Goole	...	26	Normanton	...	14	Ripon R.	...	3
Harrogate	...	101	Ossett	...	12	Wortley R.	...	6
Haworth	...	5	Pudsey	...	12			
								707

Particulars of Milk Samples examined during the past five years.

Year.	Genuine.	Adulterated.	Total.	Percentage Adulterated.
1926	1971	110	2081	5·3
1927	2172	133	2305	5·8
1928	2301	159	2460	6·4
1929	2122	174	2296	7·6
1930	2225	159	2384	6·7

Wholesale Dealers in Margarine.

Food and Drugs (Adulteration) Act, 1928.—During the year applications were received for the registration of premises where the business of wholesale dealers in margarine was carried on in the following districts: Bolton-upon-Deerne U.D., Castleford U.D., Featherstone U.D., and Horsforth U.D. The usual inspections of the premises were made and in 3 cases the premises were duly registered, in the other case the application was withdrawn.

PUBLIC VACCINATION.

The functions in regard to Public Vaccination in the County Area were taken over from the late Boards of Guardians by the Public Health Committee on 1st April, 1930. Thus, 166 Public Vaccinators and 62 Vaccination Officers were placed under the control of the County Health Department. Of the Public Vaccinators, 19 are appointed to perform vaccinations in County Institutions. Considerable variation in extent of district, population, and amount of fees of these medical officers exists; and so far, except in a few cases, no alteration has been made. In regard to the Vaccination Officers, 19 are paid by salary and 43 by fees. On page 46 will be found a Table giving statistical information of the work performed by each Vaccination Officer.

A summary of vaccinations and re-vaccinations performed during the year ended 30th September, 1930, is set out below:—

	Nos. of successful primary vaccinations of persons.			No. of successful re-vaccinations.
	Under 1 year of age.	1 or upwards.	Total.	
Performed by Public Vaccinators ...	5,894	2,559	8,453	2,339
Performed by Medical Officers of County Institutions	33	12	45	1
	5,927	2,571	8,498	2,340

Detailed figures relating to the vaccinations and re-vaccinations performed by each Public Vaccinator and Medical Officer of a County Institution are given below:—

VACCINATIONS PERFORMED IN COUNTY INSTITUTIONS, YEAR ENDED 30TH SEPTEMBER, 1930.

Name of County Institution.	Name of Medical Officer.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Great Ouseburn	... J. M. Benson ...	1	—	1	—
Hemsworth	... T. C. A. Sweetnam ...	6	—	6	1
Keighley	... T. L. Walker ...	1	—	1	—
Knaresborough	... C. H. Steinbach ...	4	2	6	—
Penistone	... A. G. Wilson ...	1	—	1	—
Pontefraet	... G. Burnett ...	5	—	5	—
Saddleworth	... J. Loftus ...	—	—	—	—
Sedbergh	... T. W. Rothwell ...	—	—	—	—
Settle	... B. S. Hyslop ...	—	—	—	—
Skipton	... W. H. Robinson ...	—	—	—	—
Tadcaster	... J. P. Seatehard ...	5	—	5	—
Todmorden	... H. Thorp ...	2	8	10	—
Wetherby	... J. A. Hargreaves ...	—	—	—	—
Wharfedale	... W. H. Galloway ...	2	—	2	—
Goole	... A. M. Erskine ...	1	2	3	—
Ripon	... S. Hey ...	2	—	2	—
Selby	... O. L. Scarborough ...	2	—	2	—
Thorne	... C. D. Walker ...	1	—	1	—
Wortley	... A. Anderson ...	—	—	—	—
		33	12	45	1

VACCINATIONS PERFORMED IN VACCINATION DISTRICTS, YEAR ENDED 30TH
SEPTEMBER, 1930.

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 1.—Ewecross.					
Sedbergh	T. W. Rothwell ...	8	3	11	1
Dent	C. A. Allan ...	3	1	4	—
Slaidburn	F. R. Bremner ...	13	—	13	1
Gisburn	W. H. Ross ...	—	—	—	—
Mitton	J. M. Postlethwaite ...	—	—	—	—
Long Preston	E. H. Marsh ...	13	3	16	—
Austwick	Thos. Lovett ...	2	—	2	—
Arneliffe	K. C. Crosbie ...	—	—	—	—
Bentham	A. J. Troughton ...	14	5	19	2
Malham	H. Wales ...	6	—	6	—
Ingleton	John Macleod ...	29	2	31	2
Settle	B. S. Hyslop ...	32	2	34	3
Area No. 2.—Staincliffe.					
Skipton	N. A. Macleod ...	23	12	35	7
Addingham	W. L. Crabtree ...	3	4	7	—
Barnoldswick	John Pickard ...	6	2	8	—
Cowling	W. H. Canter ...	—	2	2	1
Gargrave	H. Wales ...	21	—	21	—
Grassington	K. C. Crosbie ...	8	2	10	—
Silsden	M. Purcell ...	—	1	1	—
Earby	A. McKay Niven ...	4	1	5	—
Area No. 3.—Claro.					
Green Hammerton	J. A. Benson ...	19	—	19	—
Boroughbridge	H. I. Daggett ...	17	1	18	—
Acomb	J. S. Dudgeon ...	28	5	33	8
Great Ouseburn	J. M. Benson ...	10	—	10	—
Sharow	S. Hey ...	3	—	3	—
Ripon	P. A. Steven ...	32	4	36	3
Kirkby Malzeard	R. G. M. Harvey ...	10	—	10	—
Knaresborough	D. F. Dobson ...	27	1	28	—
Harrogate (part)	G. F. Dimmock ...	83	13	96	6
Harrogate (part)	S. C. Wilkinson ...	9	1	10	—
Ripley	S. Foskett ...	19	1	20	—
Dacre	Geo. Lunsden ...	16	8	24	1
Birstwith	H. G. H. Clarkson ...	14	—	14	—
Area No. 4.—Barkston Ash.					
Bishopthorpe	T. H. Barton ...	11	—	11	—
Sherburn	Wm. Murphy ...	47	7	54	—
Kippax	C. C. Hargreaves ...	87	2	89	2
Aberford	C. H. Sykes ...	78	1	79	3
Tadcaster	J. P. Scatchard ...	60	—	60	1
Boston Spa	R. W. Lee ...	55	12	67	1
Harewood, Sicklinghall	O. F. Barr ...	15	—	15	1
Thorner	H. Tempest ...	30	1	31	—
Bilton	C. J. D. Bergin ...	5	1	6	—
Wetherby	J. A. Hargreaves ...	25	6	31	1
Area No. 5.—Skyrack.					
Baildon	E. G. Firth ...	6	—	6	—
Ilkley	T. B. Hearder ...	21	10	31	11
Yeadon	W. H. Cheetham ...	9	1	10	1
Horsforth	W. P. Pinder ...	35	2	37	—
Otley	W. H. Galloway ...	110	29	139	1

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
<i>Area No. 6.—Worth Valley.</i>					
Keighley	F. Villy	9	19	28	5
Bingley (part) ...	J. M. Crocker ...	3	5	8	1
Bingley (part) ...	T. Taylor	2	—	2	—
Haworth	W. D. Hamilton ...	5	—	5	—
Steeton	Wm. B. Canter ...	2	3	5	—
<i>Area No. 7.—East Morley.</i>					
Hunsworth	J. A. Hope	—	—	—	—
Drighlington ...	W. H. Holliday ...	14	—	14	3
Calverley	N. A. A. Hughes ...	15	—	15	2
Wilsden	H. A. Marquis ...	—	—	—	—
Farsley	T. H. Elmer	24	—	24	1
Shipley	T. I. Bonner	37	4	41	1
Denholme	A. H. Stewart ...	2	—	2	—
Pudsey	E. T. Hyland	72	4	76	—
<i>Area No. 8.—Calder.</i>					
Sowerby Bridge ...	E. D. Wellburn ...	8	4	12	2
Elland	A. G. Gamble	4	26	30	13
Stainland	N. C. Beaumont ...	5	1	6	1
Brighouse	D. A. Johnstone ...	43	31	74	24
Shelf	J. J. Murphy	4	3	7	—
Queensbury	G. C. Sharp	11	3	14	—
Midgley	C. S. Ogilvy	15	8	23	1
Barkisland	A. J. W. Stephen ...	12	1	13	1
Todmorden	H. Thorp	35	2	37	3
Hebden Bridge ...	F. J. Dowdall	20	—	20	3
Mytholmroyd	J. Gillies (C. N. Gover)	—	—	—	—
<i>Area No. 9.—Spen Valley.</i>					
Liversedge	R. M. Beatty	23	59	82	39
Birstal	A. Dick	15	151	166	126
Gildersome	W. H. Holliday ...	9	—	9	—
Batley	H. Keighley	72	22	94	68
Heckmondwike ...	J. Prior	36	127	163	81
Mirfield	T. W. Sproulle ...	36	24	60	86
Morley	W. S. Sykes	50	7	57	—
Birkenshaw	E. M. Whitehead ...	6	29	35	28
Ossett	W. L. R. Wood ...	66	470	536	279
Cleckheaton	N. Pick	5	24	29	7
<i>Area No. 10.—Lower Agbrigg.</i>					
Horbury	J. T. Simson	33	3	36	3
Normanton	N. S. Twist	85	3	88	3
Crigglestone	A. M. Duff	59	1	60	4
Walton	D. Downie	4	2	6	—
Outwood	D. M. Macleod ...	91	4	95	2
Emley	C. H. Smith	43	54	97	39
Crofton	T. E. Lister	49	—	49	—
Ardsley	J. J. Jackson	53	35	88	15
Rothwell	H. Stevenson	67	480	547	562
Oulton	C. H. Seville	25	45	70	86

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 11.— Osgoldcross.					
Heck	R. S. Conyngham ... (To 31/8/30)	10	—	10	—
	F. G. Creaser ... (From 1/9/30)	—	—	—	—
Knottingley	J. Kehelly	120	3	123	4
Pontefract	G. Burnett	99	5	104	2
Methley	E. W. L. White	34	—	34	3
Featherstone	Wm. Steven	111	3	114	2
Castleford	J. J. W. Campbell	193	8	201	2
Brotherton	J. O. Ward	38	19	57	1
Skelbrooke	J. Malloch	14	—	14	—
South Elmsall	E. J. H. Sullivan	174	9	183	16
Ryhill	S. Hodgkinson	84	13	97	8
Brierley	J. L. Elliott	83	1	84	—
Great Houghton	W. F. L. Castle	18	—	18	1
Hemsworth	T. C. A. Sweetnam	92	15	107	10
Kinsley	M. B. Taylor	66	—	66	3
Ackworth	W. F. Oyston (To 30/6/30)	25	—	25	—
	E. M. Hime (From 1/7/30)	6	—	6	2
Area No. 12.—Goole and Selby					
Drax	R. S. Conyngham ... (To 31/8/30)	19	1	20	—
	F. G. Creaser (From 1/9/30)	3	—	3	—
Selby	O. L. Scarborough	57	4	61	6
Cawood	O. L. Scarborough	10	—	10	—
Snaith	R. S. Conyngham ... (To 31/8/30)	31	14	45	—
	F. G. Creaser (From 1/9/30)	4	2	6	—
Swinefleet	W. Eardley	10	—	10	—
Goole	A. M. Erskine	44	—	44	—
Eastoft	J. C. T. Crowden	7	—	7	—
Area No. 13.—Don Valley.					
Bolton-on-Dearne	A. R. Doyle	40	13	53	—
Mexborough	J. J. Huey	35	5	40	—
Tickhill	A. C. Lindsay	37	—	37	1
Bentley-with-Arksey	B. Lyons	19	6	25	—
Conisbrough	W. J. McClure	209	3	212	8
Askern	J. Malloch	68	2	70	2
Adwick-le-Street	D. Malloch	88	2	90	1
Thurnscoe	R. Malcolm	64	5	69	1
Brodsworth	R. B. Radcliffe	4	1	5	—
Armthorpe	H. F. Renton	64	—	64	1
Bawtry	W. F. Ward	66	—	66	1
Hatfield	C. D. Walker	53	2	55	—
Thorne	J. M. Taylor	69	4	73	1
Stainforth	R. M. L. Anderson	58	2	60	—

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 14.— Staincross.					
Hoyland	H. R. L. Allott ...	59	3	62	24
Worsborough	H. A. L. Banham ...	53	55	108	131
Cudworth	J. L. Elliott ...	88	—	88	2
Darfield	W. F. L. Castle ...	6	—	6	4
Dodworth	R. H. Hunter ...	38	82	120	39
Darton	R. Millar ...	55	6	61	11
Wombwell	J. C. Pickup ...	35	4	39	—
Hoyland	H. N. Ritchie ...	48	7	55	12
Royston	H. B. Pare ...	56	239	295	209
Bradfield	J. A. R. Thompson ...	35	1	36	2
Stannington	N. MacPhail ...	16	—	16	—
Oughtibridge	T. A. H. Smith ...	8	1	9	—
Chapeltown	H. Sands ...	56	7	63	2
Ecclesfield	J. Smail ...	46	2	48	2
Stocksbridge	A. E. Goldie ...	41	4	45	—
Tankersley	H. Ritchie ...	18	2	20	5
Wortley	T. H. Easton ...	7	2	9	—
Cawthorne	F. L. Whineup ...	22	3	25	6
Clayton West	R. N. Farrer ...	7	1	8	—
Thurgoland	T. H. Easton ...	11	2	13	—
Penistone	A. C. J. Wilson ...	25	6	31	4
Area No. 15.—Upper Agbrigg.					
Kirkburton	J. A. Stephens ...	25	34	59	35
Skelmanthorpe	D. Bell ...	10	—	10	—
Shepley	A. J. Kennedy ...	8	1	9	—
Holmfirth	W. D. Galloway ...	8	—	8	—
Scholes	E. Trotter ...	21	1	22	1
Honley	W. H. Smailes ...	6	1	7	2
Meltham	W. F. Woodhead ...	5	2	7	16
Slaithwaite	R. N. Kirk ...	26	—	26	—
Golcar	S. Hall ...	22	4	26	2
Marsden	G. R. Aspinwall ...	12	—	12	1
Kirkheaton	S. Prior ...	13	1	14	—
Springhead	J. G. Oliver ...	7	—	7	—
Saddleworth	J. Loftus ...	2	—	2	—
Area No. 16.—Rother Valley.					
Brinsworth	R. G. Selby ...	75	3	78	3
Thurcroft	G. S. N. Kemp ...	40	5	45	1
Greasbrough	C. B. Thomson ...	2	—	2	—
Wentworth	H. M. Mills ...	20	1	21	—
Wath-on-Dearne	T. Crowley ...	65	2	67	—
Rawmarsh	D. P. K. Jockell ...	34	2	36	—
Maltby	W. L. Dibb ...	105	125	230	200
Swinton	C. J. H. Aitken ...	37	2	39	1
Thrybergh	G. H. Sedgewick ...	105	—	105	2
Harthill, Anston	J. N. Clark ...	55	6	61	—
Totals ...		5894	2559	8453	2339

Name of Vaccination Officer.	Vaccination District.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1929.	Number of these Births duly entered by 31st January, 1931, in Columns I, II, IV, and V, of the "Vaccination Register" (Birth List Sheets), viz.:-					Number of these Births which on 31st January, 1931, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1931, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	*Total number of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1930.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1930.	Number of Children vaccinated after declaration of Conscientious Objection had been made.	Total number of Certificates of Successful Vaccination for year 1930 sent to other Vaccination Officers.
			Col. I. Successfully Vaccinated.	Col. II. Insusceptible of Vaccination. Had Smallpox.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V. Died unvaccinated.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places unknown or which cannot be reached; and Cases not having been found.					
C. B. Moore	Worsborough	343	124	2	—	197	16	—	1	3	—	181	181	1	40
E. Hammetton	Darfield and Darton	1406	417	2	—	856	96	14	9	9	3	410	880	3	38
W. Roberts	Bowland Rural	47	21	—	—	26	—	—	—	—	—	19	25	—	1
M. A. Hargreaves	Do.	8	6	—	—	2	—	—	—	—	—	5	7	—	—
J. Peters	Do.	2	1	1	—	—	—	—	—	—	—	1	—	—	—
T. Sykes	Batley	1839	473	5	—	1224	107	2	4	4	20	1121	1308	3	15
E. Hudson	Bolton-upon-Deane	581	101	—	—	370	41	—	—	69	—	108	364	—	—
W. A. Stubbs	Doncaster Rural	873	277	7	—	261	47	8	5	158	110	247	340	—	10
F. Grisedale	Mexborough	752	201	1	—	437	60	9	4	17	23	217	622	3	7
A. G. Smith	Adwick-le-Street	932	180	—	—	461	62	—	3	27	199	—	—	—	14
H. S. Miller	Goole	548	152	5	—	349	31	1	2	8	—	181	383	—	—
G. A. Nichols	Gt. Ouseburn	519	210	3	—	199	26	3	61	15	2	268	185	—	15
M. Woodhead	Sowerby	838	148	—	—	610	47	—	2	8	23	156	668	2	19
Mrs. L. I. Dodsworth	Hemsworth East	612	273	—	—	281	40	8	2	8	—	226	307	—	6
I. Scott	Do. West	755	359	—	—	317	32	12	5	30	—	345	267	2	14
E. Firth	Colne and Holme Valley	910	248	3	—	577	50	13	—	15	4	243	571	3	3
J. A. Sharp	Keighley	645	30	1	—	548	42	6	10	8	—	44	626	1	4
H. E. Bottomley	Bingley	231	11	—	—	207	6	—	2	3	2	8	250	—	—
W. H. Ogden	Haworth	94	5	—	—	80	9	—	—	—	—	4	80	1	—
J. Clark	Knaresborough	152	82	—	—	61	6	—	1	—	2	88	64	—	4
Mrs. M. E. Bowes	Harrogate	518	239	4	—	233	18	6	8	10	—	263	237	—	18
C. W. Calverley	Farsley	108	61	3	—	38	4	—	2	—	—	63	40	—	7
L. M. Greenwood	Wilsden	46	—	—	—	42	1	—	—	—	3	1	30	—	—
H. Darnbrough	Drighlington	43	9	1	—	32	—	—	—	1	—	15	49	—	—
F. Wilman	Denholme	22	—	—	—	16	2	—	—	—	4	1	22	—	—
A. Hotchin	Pudsey	199	80	1	—	93	8	4	2	11	—	69	89	2	9
L. Clough	Shipley	516	80	3	—	370	35	5	8	9	6	82	336	—	5
F. Higginson	Cleckheaton	167	44	2	—	116	2	2	—	1	—	42	108	—	—
T. Millward	Pateley Bridge	101	63	1	—	25	3	—	1	4	4	93	31	—	4
H. Redfearn	Penistone	255	79	—	—	143	9	5	—	13	6	67	177	—	—
E. G. Lowden	Pontefract	1972	782	9	—	948	135	11	—	87	—	622	1035	1	20
W. E. Raglan	Ripon	188	84	—	—	88	13	1	1	1	—	80	87	—	1
W. J. Blyth	Rawmarsh	418	68	3	—	284	20	7	5	3	28	37	309	—	1
G. C. Hearn	Maltby	597	169	1	—	373	29	—	3	11	11	276	357	8	23
F. Butcher	Rotherham Rural	302	118	—	—	154	17	—	4	7	2	144	157	—	4
T. H. Harrison	Wath-upon-Deane	591	131	—	—	405	35	3	5	11	1	141	389	—	8
A. Smith	Saddleworth	98	15	1	—	72	3	1	2	—	4	9	94	—	1
Miss J. Lees	Springhead	51	10	—	—	40	1	—	—	—	—	9	56	—	—
G. Kayley	Garsdale (Sedbergh)	4	1	—	—	2	1	—	—	—	—	2	4	—	—
W. Batty	Sedbergh	44	16	—	—	21	2	—	1	1	3	22	24	—	2
W. B. Weaver	Selby	250	161	—	—	72	16	—	—	1	—	141	129	—	2
W. Slinger	Bentham (Settle)	127	47	—	—	64	10	1	1	—	4	57	56	—	4
C. Parker	Settle and Long Preston	111	64	—	—	37	7	—	—	—	3	75	43	—	5
G. J. Harker	Grassington (Skipton)	23	13	—	—	10	—	—	—	—	—	9	16	—	1
S. H. Day	Kettiewell (Skipton)	9	7	—	—	1	1	—	—	—	—	2	1	—	—
G. S. Hunt	Gargrave (Skipton)	34	20	—	—	8	1	2	—	3	—	15	9	—	—
D. Slater	Barnoldswick, etc. (Skipton)	489	38	1	—	392	28	6	3	10	11	69	433	—	1
Miss S. M. Lister	Addingham (Skipton)	37	7	1	—	23	2	—	—	4	—	12	29	—	—
W. Bortoft	Tadcaster	162	131	—	—	15	11	3	1	1	—	176	29	—	16
W. Wormald	Aberford	371	199	1	—	149	10	4	7	1	—	247	160	—	15
H. E. Newton	Thorne	849	139	5	—	487	74	15	3	55	71	156	543	—	3
E. Holt	Todmorden	398	73	—	—	302	17	1	—	—	5	93	291	1	14
W. Frost	Horbury and Normanton, etc.	1497	506	3	—	861	68	9	4	19	27	872	920	1	36
S. C. Mellor	Wetherby	214	147	3	—	45	5	9	—	3	2	167	33	—	18
G. C. Clarke	Horsforth	183	63	3	—	92	6	16	1	2	—	80	105	1	3
H. Wood	Ilkley	409	171	3	—	168	24	7	5	17	14	257	152	—	4
M. Rennard	Guiseley	224	38	3	—	158	7	—	1	1	16	53	180	—	4
B. J. B. Marsden	Stocksbridge	253	96	2	—	144	10	—	—	1	—	109	161	—	15
J. J. Taylerson	Wortley	53	30	—	—	17	5	—	—	1	—	25	21	—	3
H. Dowson	Ecclesfield	399	180	4	—	176	18	1	4	8	8	161	183	—	6
G. A. R. Colbeck	Kiveton Park Rural	331	64	—	—	213	20	1	1	7	25	293	171	5	45
R. A. Wilkinson	Bishopthorpe	25	14	—	—	10	—	—	—	—	1	16	15	—	—
		24775	7576	88	—	14002	1396	196	184	686	647	8995	14439	38	488

LOCAL GOVERNMENT ACT, 1929.

This Act commenced on the 27th March, 1929. Details relating to Health Services transferred to the County Council from the late " Poor Law " Authorities are set out below or appear along with other references to the Act elsewhere in the report under appropriate headings, as follows:—

Infant Life Protection (<i>Section 2a</i>)	...	...	...	Page	117.
Grants to Voluntary Nursing Associations (<i>Section 101</i>)	...	..			91.
Transfer of functions of Child Welfare from Local Authorities					
(<i>Section 60</i>)	...	...	...	..	111.
Maternity Accommodation in County Hospitals	...	...	..		99.
Vaccination (<i>Section 2b</i>)	...	...	...	..	41.
Public Vaccinators and Vaccination Officers	...	...	Pages		8-14.

Hospitals:—

Infectious Diseases Hospitals (*Section 63, Local Government Act, 1929*).

—Section 63 of the Local Government Act, 1929, requires Local Authorities and County Councils to survey the accommodation for the infectious diseases, including smallpox, and to prepare a scheme which will provide adequate accommodation for their areas. Such a survey of the Administrative County has been made, and on page 55, *et seq.*, will be found a list of hospital authorities, their method of combination, and a list of the respective hospitals and number of beds in each.

In the West Riding there are 11 Joint Hospital Boards formed under the 1875 Act, 14 Joint Hospital Committees under County Council order, 10 Committees not under order, and 28 separate districts not in combination, several of the last-named possessing no hospitals. These bodies control a total of 38 infectious diseases hospitals and 30 smallpox hospitals. The total beds in the respective institutions varies from a minimum of 5 to a maximum of 97.

The West Riding County Council have consulted all " Local " Authorities in the Administrative County and certain of the " Hospital " Authorities in regard to a proposed grouping of the Riding into hospital areas, and probably the greatest difficulty that has been met with has been a certain clannishness by various authorities, due to a very natural sentiment which they attach to their own institution, however small. Unfortunately, such sentiment has not always proved either an efficient or an economical factor in the past. It has led to a number of small authorities keeping open their hospitals simultaneously for the benefit of only a few patients. This has meant a multiplicity of staffs, medical, nursing and domestic, and it has happened on several occasions that, owing to differences which have arisen among authorities, there has not been that reciprocity during epidemic times which would have relieved neighbouring districts of an appreciable burden of rates. It has happened, in fact, that, while one small hospital has been full to overflowing, another nearby has been almost empty, and, owing to lack of working arrangement, patients have had to be conveyed long distances away at an exorbitant charge.

The proposed scheme of the County Council divides the million and half acres of the County into 10 areas for general infectious diseases, and 9 for smallpox, it being required that there shall be a free interchange of beds among the hospitals comprising each group, and also among hospitals of other groups when necessity arises, as, for example, in epidemic times.

In certain of the grouped areas the proposed scheme will result in a surplus of beds, while in others it will be necessary to build additional accommodation.

In regard to finance, the County Council are proposing to make a grant of 50 per cent. of the capital expenditure upon any new buildings which it is found necessary to erect under the scheme, and it is proposed that constituent authorities of the new group will purchase existing hospitals which may be regarded as efficient. The County Council do not propose to ask for representation on the hospital authorities.

Voluntary Hospitals (*Section 13*). The County Council has delegated to the Public Health Committee the duty of consulting with voluntary hospitals (Sec. 13).

Up to the present time West Riding patients have been obtaining treatment in "Voluntary," "Poor Law," and "Cottage" Hospitals, both within the Administrative County of the West Riding and other Counties, and also in County Boroughs. All known general hospitals in these areas have been communicated with to ascertain their accommodation, the extent of user by the population of the West Riding Administrative County, terms for admission and treatment, and the extent of waiting lists. A summary of the replies is embodied in Table on page 73, the accommodation for the Administrative County and other Authorities being set out in detail.

As soon as a definite ascertainment of the needs of the Public Assistance and other Committees has been reached in regard to their various functions, it will be possible to commence negotiations with voluntary hospitals.

Public Assistance Institutions.—Twenty-two institutions, and one separate hospital (Keighley) were transferred to the County Council by the Local Government Act. Surveys of the buildings have been made by the County Public Assistance Officer, County Architect and County Medical Staff. The question of appropriation for special purposes, e.g., mental defectives, or the making of Declarations under Section V, is deferred for the present on account of the general disrepair of many institutions, the inability to separate conveniently into two administrative units—"hospital" and "institution"—where this might be desirable, and the general paucity of good, modern accommodation. At the time of writing (June, 1931), a special Sub-Committee of the Public Assistance Committee has been appointed to examine and report upon the whole question of available accommodation.

The following tabular statements setting out accommodation and use made of the institutions should be regarded as of only an approximate nature, for it is considered that wards in many of the hospitals are no longer fit for use, and in most of the institutions it is found necessary to utilise beds for different types of case from day to day owing to lack of accommodation.

A complete detailed list of patients and other persons chargeable to the West Riding County Council is set out in Table on page 54. It will be noted that this statement refers to the actual numbers present on 23rd May, 1931, and is inserted as it is a convenient and more recent record.

In regard to special facilities available for these hospitals a tabular statement would not afford a true picture. Generally, medical and surgical consultant services are obtained by the medical officer of the institution after application to the committee or its chairman. Dental surgeons, throat, nose, ear and eye specialists are called in as required, usually after the same authority has been given.

Major operative surgery is carried out at the Otley, Batley and Wakefield Institutions by the medical officers attached thereto; and these, together with the hospital at Keighley, are the only hospitals where operating theatres are provided. Urgent medical patients and surgical cases requiring operative treatment are transferred either to one of the above County institutions or to a voluntary hospital, whichever be the more convenient.

The Batley Institution is the only one where an X-ray plant is installed.

Reference is made in the Child Welfare section to the available accommodation for maternity cases in County Institutions, and the number of these beds occupied during the year.

Bacteriological and pathological work has been concentrated so far as possible on the County Public Health Department.

I am indebted to the County Public Assistance Officer for supplying me with much of the material given in the tables.

PUBLIC ASSISTANCE INSTITUTIONS AVAILABLE FOR THE RECEPTION OF CASES
CHARGEABLE TO THE WEST RIDING COUNTY COUNCIL.

Guardians Committee Area.	Name of Institution.	Area. Acres.	Population.
1. Ewecross ...	Poor Law Institution, Sedbergh Poor Law Institution, Giggleswick Poor Law Institution, Chatburn Road, Clitheroe (Cases from former Clitheroe Union Area only)	288,058	25,011
2. Staincliffe ...	Poor Law Institution, Skipton Children's Home, Skipton	159,261	54,172
3. Claro ...	Poor Law Institution, Great Ouseburn Stockwell Road Institution, Knaresborough Poor Law Institution, Ripon Children's Homes, Stockwell Lane, Knaresborough	213,980	85,172
4. Barkston Ash	Poor Law Institution, Tadeaster Poor Law Institution, Wetherby Cottage Home, Bilbrough, near York	143,648	51,254
5. Skyrack ...	New Hall, Newall, Otley	65,644	67,882
6. Worth Valley	Oakworth Road Institution, Keighley St. John's Hospital, Keighley Children's Homes, Keighley	39,443	80,779
7. East Morley	Poor Law Institution, Clayton Children's Homes, Clayton	12,686	60,420
8. Calder ...	Poor Law Institution, Todmorden Children's Home, Todmorden Gibbet Street Institution, Halifax St. Luke's Hospital, Halifax Children's Homes, Ovenden	77,271	125,385
9. Spen Valley ...	County Institution, Batley Children's Homes, Dewsbury	22,166	139,817
10. Lower Agbrigg	Poor Law Institution, Park Lodge Lane, Wakefield Children's Homes, Wakefield	39,104	91,559
11. Osgoldcross ...	South Moor House, Rotherham Road, Hemsworth Poor Law Institution, Pontefract Children's Homes, Barnsley Road, Hemsworth Children's Homes, Carlton, Pontefract	88,949	170,000
12. Goole and Selby	Poor Law Institution, Goole Poor Law Institution, Selby Children's Home, Rawcliffe Children's Home, Brook Street, Selby	76,229	43,618
13. Don Valley ...	Restholme, Thorne Poor Law Institution, Balby, Doncaster Children's Homes, Doncaster	139,460	186,007
14. Staincross ...	Poor Law Institution, Penistone Poor Law Institution, Grenoside Poor Law Institution, Gawber Road, Barnsley Children's Homes, Princes Street, Barnsley	114,837	136,773
15. Upper Agbrigg	Poor Law Institution, Dobcross, near Oldham Crosland Moor Institution, Huddersfield Deanhouse Institution, Thongsbridge Children's Homes, Scholes	81,082	101,795
16. Rother Valley	Poor Law Institution, Alma Road, Rotherham Children's Homes, Rotherham	61,965	117,623

PUBLIC ASSISTANCE INSTITUTIONS.

BRIEF ANALYSIS OF CASES MAINTAINED DURING THE YEAR 1930.

Name of Institution.

Type of Case.	Sedburgh.	Settle.	Skipton.	Knaresborough.	Ripon.	Great Ouseburn.	Tadcaster.	Wetherby.	Olley.	Keighley Hospital.	Clayton.	Todmorden.	Staincliffe, Bailey.	Wakefield.	Pontefract.	Hemsworth.	Goole.	Selby.	Thorne.	Penistone.	Grenoside.	Saddleworth.	Total.
Sick (Acute and Chronic)	13	61	132	60	40	13	38	28	190	921	640	100	731	913	621	233	162	58	75	35	90	44	5198
Infirm ...	17	15	43	109	12	9	32	13	41	126	24	23	55	96	648	120	86	16	10	13	23	12	1543
Mental ...	1	31	8	4	17	3	24	—	14	93	78	15	177	52	44	27	11	7	5	3	—	1	615
Other cases (including Maternity)	17	67	6	12	15	—	—	—	4	7	12	23	404	35	130	13	93	39	11	22	20	24	954
Totals ...	48	174	189	185	84	25	94	41	249	1147	754	161	1367	1096	1443	393	352	120	101	73	133	81	8310

Number of Deaths.

Sick (Acute and Chronic)	3	15	34	51	10	3	12	13	45	90	69	54	173	172	77	30	28	17	13	12	22	13	956
Infirm ...	1	—	22	22	5	2	4	1	12	23	25	2	2	49	42	12	5	12	1	1	—	2	245
Mental ...	—	—	—	—	2	—	3	—	—	11	32	1	20	—	3	1	4	—	—	—	—	—	77
Other Cases (including Maternity)	—	—	1	—	—	1	—	—	—	1	1	1	—	—	2	1	—	1	—	1	—	—	10
Totals ...	4	15	57	73	17	6	19	14	57	125	127	58	195	221	124	44	37	30	14	14	22	15	1288

PUBLIC ASSISTANCE INSTITUTIONS.

PROFESSIONAL STAFF.

Staff.	Name of Institution.																Total.						
	Sedburgh.	Settle.	Skipton.	Knarborough.	Ripon.	Great Ouseburn.	Tadcaster.	Wetherby.	Otley.	Keighley.	Clayton, Bradford.	Todmorden.	Staincliffe, Batley.	Wakefield.	Pontefract.	Hemsworth.		Goole.	Selby.	Thorne.	Penistone.	Grenoside.	Saddleshworth.
Medical Officers (whole-time)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Medical Officers (part-time)	1	1	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	24
Ophthalmic Surgeons (part-time)	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	3
Dental Surgeons (part-time)	—	—	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	3
Matrons ...	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	6
Superintendent Nurses	—	—	—	—	—	—	—	1	—	—	1	1	1	1	1	—	—	—	—	—	1	1	7
Head Nurses	—	1	1	1	1	1	1	1	1	—	—	—	—	—	—	—	1	1	1	—	1	1	13
Sister Tutors	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	3
Home Sisters	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2
Night Sisters	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	3
Ward Sisters	—	—	—	—	—	—	—	—	—	—	4	1	1	4	—	—	—	—	—	—	—	—	16
Staff Nurses	—	—	—	5	—	—	—	—	1	1	1	1	7	—	8	1	1	—	—	—	1	7	21
Assistant Nurses	1	2	8	8	3	—	5	1	5	5	24	4	—	—	17	10	2	4	2	3	—	—	89
Probationer Nurses	—	—	—	—	—	—	—	—	—	25	—	—	40	29	—	—	—	—	—	—	—	—	118
Male Nurses	—	—	—	1	—	—	—	—	—	4	—	—	3	—	—	—	—	—	—	—	—	—	8

WORK OF DISTRICT MEDICAL OFFICERS, 1930.

Number and Name of Guardians Committee Area.	No. of District Medical Officers.	No. of attendances on assisted persons, either at their homes or at the surgery.
Area No. 1.—Ewecross	12	1338
Area No. 2.—Staincliffe	8	2372
Area No. 3.—Claro	14	3424
Area No. 4.—Barkston Ash	9	1654
Area No. 5.—Skyrack	5	3224
Area No. 6.—Worth Valley	7	1822
Area No. 7.—East Morley	8	Not available
Area No. 8.—Calder	14	Not available
Area No. 9.—Spen Valley	10	5035
Area No. 10.—Lower Agbrigg	15	11456
Area No. 11.—Osgoldcross	14	7964*
Area No. 12.—Goole and Selby	5	1722
Area No. 13.—Don Valley	15	3477*
Area No. 14.—Staincross	19	7233*
Area No. 15.—Upper Agbrigg	17	2448*
Area No. 16.—Rother Valley	13	13423
	185	—

* Approximate figures.

The above data relating to attendances on sick by District Medical Officers is in many cases of an approximate nature, as patients are frequently attended by medical men, along with their private patients. In several it will be noted that no return was made.

PUBLIC ASSISTANCE COMMITTEE.

CLASSIFICATION OF PATIENTS AND INMATES ON 23RD MAY, 1931.

[illegible]

* Includes Children's Homes.

**REPORT OF COUNTY MEDICAL OFFICER ON EXISTING ISOLATION
HOSPITAL ACCOMMODATION IN THE WEST RIDING ADMINISTRATIVE
COUNTY.**

Index.

LIST OF THE SANITARY DISTRICTS IN THE WEST RIDING ADMINISTRATIVE COUNTY
WITH REFERENCE NUMBERS TO THE HOSPITALS (IF ANY) SERVING SAME.

	Reference Number.			Reference Number.	
	General Infectious Diseases.	Smallpox.		General Infectious Diseases.	Smallpox.
Urban:—			Urban, continued:—		
Adwick-le-Street ...	61	14	Lepton ...	49	4
Altofts ...	50	5	Linthwaite ...	46	1
Ardsley E. and W. ...	73	11	Luddenden Foot ...	92	42
Baildon ...	57	9	Maltby ...	56	8
Barkisland ...	85	23	Marsden ...	46	1
Barnoldswick ...	75	10	Meltham ...	46	1
Batley B. ...	60, 66	12, 17	Methley ...	53	11
Bentley-with-Arksey ...	61	14	Mexborough ...	61	14
Bingley ...	63	15	Midgley ...	93	43
Birkenshaw ...	66	17	Mirfield ...	64	16
Birstal ...	66	17	Morley B. ...	77	28
Bolton-upon-Deerne ...	68	18	Mytholmroyd ...	69	22
Brighouse B. ...	58	19	New Mill ...	46	1
Burley-in-Wharfedale ...	57	9	Normanton ...	50	5
Calverley ...	59	13	Oakworth ...	63	15
Castleford ...	50	5	Ossett B. ...	94	29
Clayton ...	88	38	Otley ...	57	9
Clayton West ...	51	6	Oxenhope ...	63	15
Conisbrough ...	61	14	Penistone ...	51	6
Cudworth ...	74	25	Pontefract B. ...	67	20
Darfield ...	74	25	Pudsey B. ...	59	13
Darton ...	74	25	Queensbury ...	79	37
Denby-and- Cumberworth	51	6	Rawdon ...	57	9
Denholme ...	63	15	Rawmarsh ...	52	7
Dodworth ...	74	25	Ripon C. ...	72	21
Drighlington ...	66	17	Rishworth ...	95	23
Earby ...	71	10	Rothwell ...	53	11
Elland ...	89	23	Royston ...	74	25
Emley ...	49	4	Saddleworth ...	96	25
Farsley ...	59	13	Scammonden ...	46	1
Featherstone ...	50	5	Selby ...	55	20
Flockton ...	49	4	Shelf ...	97	34
Garforth ...	91	20	Shelley ...	49	4
Gildersome ...	66	17	Shepley ...	49	4
Golcar ...	46	1	Shipley ...	63	15
Goole ...	62	30	Silsden ...	71	10
Greasbrough ...	68	18	Skelmanthorpe ...	49	4
Greetland ...	90	23	Skipton ...	71	10, 45
Guiselley ...	57	9	Slaithwaite ...	46	1
Gunthwaite-and- Ingbirchworth	51	6	South Crosland ...	46	1
Harrogate B. ...	48	3	Southwram ...	58	19
Haworth ...	63	15	Sowerby ...	81	39
Hebden Bridge ...	69	22	Soyland ...	98	23
Heckmondwike ...	60	12	Spenborough ...	64, 65, 66	16, 17, 27
Hemsworth ...	70	20	Springhead ...	99	35
Hipperholme ...	58	19	Stainland ...	100	23
Holme ...	46	1	Stanley ...	73	11
Holmfirth ...	46	1	Stocksbridge ...	101	36
Honley ...	46	1	Swinton ...	68	18
Horbury ...	76	11	Thurlstone ...	51	6
Horsforth ...	57	9	Thurnscoe ...	61	14
Hoyland Nether ...	74	25	Thurstouland and Farnley Tyas	46, 49	1, 4
Hoylandswaine ...	51	6	Tickhill ...	102	33
Hunsworth ...	65	40	Todmorden B. ...	69	22
Ilkley ...	57	9	Wath-upon-Deerne ...	68	18
Keighley B. ...	63	15	Whitley Upper ...	49	4
Kirkburton ...	49	4	Whitwood ...	50	5
Kirkheaton ...	49	4	Wombwell ...	74	25
Knaresborough ...	48	3	Worsborough ...	74	25
Knottingley ...	67	20	Yeadon ...	57	9

Index, continued.

LIST OF SANITARY DISTRICTS IN THE WEST RIDING ADMINISTRATIVE COUNTY WITH
REFERENCE NUMBERS TO THE HOSPITALS (IF ANY) SERVING SAME. CONTINUED.

			Reference Number.	
			General Infectious Diseases.	Smallpox.
Rural:—				
Barnsley	...	...	74	25
Bishopthorpe	...	...	86	32
Bowland	...	...	87	10
Doncaster	...	...	61	14
Goole	...	...	62	30
Great Ouseburn	...	...	47	2
Halifax	...	...	58	19
Hemsworth	...	...	70	20
Hunslet	...	...	53	11
Keighley	...	...	63	15
Kiveton Park	...	...	56	8
Knaresborough	...	...	48	3
Pateley Bridge	...	...	78	10, 44
Penistone	...	...	51	6
Pontefract	...	...	67	20
Ripon	...	...	72	21
Rotherham	...	...	56, 68	8, 18
Sedbergh	...	...	54	41
Selby	...	...	55	20
Settle	...	...	80	10
Skipton	...	...	71	10, 45
Tadcaster	...	...	82	20
Thorne	...	...	83	26
Todmorden	...	...	69	22
Wakefield	...	...	73	11
Wetherby	...	...	48	3
Wharfedale R.	...	...	57	9
Wortley	...	...	84	31
Districts outside Administrative County:—				
Bacup B., Lancashire			—	22
Riccall R., East Riding			55	—
Wath R., North Riding			72	21
COUNTY BOROUGH:—				
BARNSELY	...	...	74	24
BRADFORD	...	...	59, 65	13
DEWSBURY	...	...	60	12
WAKEFIELD	...	...	—	11

LIST OF COMBINED HOSPITAL DISTRICTS IN THE WEST RIDING ADMINISTRATIVE COUNTY WITH
REFERENCE NUMBERS TO THE HOSPITALS SERVING SAME.

	Reference Number.	
	General Infectious Diseases.	Smallpox.
Districts formed under Orders of County Council.		
Colne and Holne Isolation Hospital Committee	46	1
Great Ouseburn Isolation Hospital Committee	47	2
Harrogate, Knaresborough and Wetherby Joint Isolation Hospital Committee ...	48	3
Kirkburton Joint Isolation Hospital Committee	49	4
Normanton and District Joint Isolation Hospital Committee	50	5
Penistone District Isolation Hospital Committee	51	6
Rawmarsh Isolation Hospital Committee	52	7
Rothwell, Methley and Hunslet Joint Isolation Hospital Committee	53	—
Sedbergh Isolation Hospital Committee	54	—
Selby Joint Isolation Hospital Committee	55	—
Skipton and District Smallpox Isolation Hospital Committee	—	10
South Rotherham and Kiveton Park District Isolation Hospital Committee ...	56	8
Wakefield and District Smallpox Isolation Hospital Committee	—	11
Wharfedale Union Joint Isolation Hospital Committee	57	9
Joint Hospital Boards formed under Public Health Act, 1875, Section 279.		
Brighouse Joint Hospital Board	58	19
Calverley Joint Hospital Board	59	13
Dewsbury Joint Hospital Board	60	12
Doncaster and Mexborough Joint Hospital Board	61	14
Goole Joint Hospital Board	62	—
Keighley, Bingley, Shipley and District Joint Hospital Board	63	15
Liversedge and Mirfield Joint Hospital Board	64	16
North Bierley Joint Hospital Board	65	—
Oakwell Joint Hospital Board	66	17
Pontefract Joint Hospital Board	67	—
Wath, Swinton and District Joint Hospital Board	68	18
Combined Hospital Districts not formed under Orders.		
Barnsley County Borough Council	74	25
Fielden Joint Hospital Committee	69	—
Elland and District Joint Hospital Committee	—	23
Hemsworth Urban and Rural Joint Hospital Committee	70	—
Pontefract and Tadcaster Smallpox Joint Hospital Committee	—	20
Ripon and Wath Joint Hospital Committee	72	21
Skipton Joint Hospital Committee	71	—
Sourhall Joint Hospital Committee	—	22
Wakefield Rural and Ardsley and Stanley Urban District Councils Joint Committee	73	—

**REPORT OF COUNTY MEDICAL OFFICER ON EXISTING ISOLATION HOSPITAL
ACCOMMODATION IN THE WEST RIDING ADMINISTRATIVE COUNTY.**

SMALLPOX HOSPITALS.

Districts formed under Orders of the County Council.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.
	Name.	Area in Acres.				Floor area (144 super. feet per bed).
(1) Colne and Holme Joint Isolation Hospital Committee	Golear	1,593	9,812	Moor Top, Meltham	(a) 1892	5 beds and 1 cot
	Holme	3,464	368		(b) Stone	
	Holmfirth	8,493	10,407			
	Honley	1,890	4,611			
	Linthwaite	1,323	9,689			
	Marsden	8,633	5,720			
	Meltham	5,134	5,051			
	New Mill	6,259	4,538			
	Scammonden	1,807	394			
	Slaithwaite	3,172	5,181			
	South Crosland	1,811	2,993			
	Thurstonland and Farnley Tyas (viz., Thurstonland Ward)	2,107	995*			
		45,686	59,759			
(2) Great Ouseburn Isolation Hospital Committee	Great Ouseburn Rural	45,969	13,276	Hessay	(a) 1904 (b) Wood and iron	3 beds and 1 cot
(3) Harrogate, Knares- borough and Wetherby Joint Isolation Hospital Committee	Harrogate M.B.	3,277	39,785	Killinghall Moor, Harrogate	(a) 1893	9 beds and 1 cot
	Knaresboro' U.	609	5,942		(b) Wood and iron	
	Knaresboro' R.	37,362	9,297			
	Wetherby R.	64,638	16,448			
		105,886	71,472			
(4) Kirkburton Joint Isolation Hospital Committee	Emley	3,556	1,635	Thorncliffe, Kirkburton	(a) 1904	6
	Flockton	1,108	1,471		(b) Wood and iron	
	Kirkburton	1,289	3,184			
	Kirkheaton	1,674	2,610			
	Lepton	1,862	3,322			
	Shelley	1,568	1,566			
	Shepley	1,247	1,668			
	Skelmanthorpe	1,165	3,711			
	Thurstonland and Farnley Tyas (viz., Farnley Tyas Ward)	1,784	910*			
	Whitley Upper	2,052	932			
		17,305	21,009			
(5) Normanton and District Joint Isolation Hospital Committee	Altofts	1,838	4,980	Rock Hill, Glasshoughton	(a) 1893	Old portion 5 beds and 1 cot New portions 16 beds and 4 cots
	Castleford	564	21,781		(b) Wood and iron	
	Featherstone	4,431	14,952			
	Normanton	1,228	15,684			
	Whitwood	1,083	6,196			
		9,144	63,593			
(6) Penistone District Isolation Hospital Committee	Clayton West	1,142	1,846	Roughbirc- worth, near Penistone	(a) 1904	6
	Denby and Cumberworth	4,302	3,396		(b) Wood and iron	
	Hoyland Swaine	2,026	793			
	Penistone U.	1,134	3,264			
	Thurlstone	8,116	2,640			
	Penistone R.	16,213	5,459			
	Gunthwaite and Ingbirchworth	2,057	338			
		34,990	17,736			
			* Estimated as in 1931.			

* Estimated as in 1931.

REPORT OF COUNTY METEOROLOGICAL OFFICE ON THE PROGRESS OF THE INVESTIGATION OF THE WEATHER SERVICE IN THE DISTRICT OF THE NORTH

1904

Summary of the work done in the District of the North

No.	Name of Station	Date of Installation	Height of Station above Sea Level	Name of Observer	Remarks	Remarks
1	St. John's	1891	100	W. H. H. H.	...	...
2	St. John's	1891	100	W. H. H. H.	...	...
3	St. John's	1891	100	W. H. H. H.	...	...
4	St. John's	1891	100	W. H. H. H.	...	...
5	St. John's	1891	100	W. H. H. H.	...	...
6	St. John's	1891	100	W. H. H. H.	...	...
7	St. John's	1891	100	W. H. H. H.	...	...
8	St. John's	1891	100	W. H. H. H.	...	...
9	St. John's	1891	100	W. H. H. H.	...	...
10	St. John's	1891	100	W. H. H. H.	...	...
11	St. John's	1891	100	W. H. H. H.	...	...
12	St. John's	1891	100	W. H. H. H.	...	...
13	St. John's	1891	100	W. H. H. H.	...	...
14	St. John's	1891	100	W. H. H. H.	...	...
15	St. John's	1891	100	W. H. H. H.	...	...
16	St. John's	1891	100	W. H. H. H.	...	...
17	St. John's	1891	100	W. H. H. H.	...	...
18	St. John's	1891	100	W. H. H. H.	...	...
19	St. John's	1891	100	W. H. H. H.	...	...
20	St. John's	1891	100	W. H. H. H.	...	...
21	St. John's	1891	100	W. H. H. H.	...	...
22	St. John's	1891	100	W. H. H. H.	...	...
23	St. John's	1891	100	W. H. H. H.	...	...
24	St. John's	1891	100	W. H. H. H.	...	...
25	St. John's	1891	100	W. H. H. H.	...	...
26	St. John's	1891	100	W. H. H. H.	...	...
27	St. John's	1891	100	W. H. H. H.	...	...
28	St. John's	1891	100	W. H. H. H.	...	...
29	St. John's	1891	100	W. H. H. H.	...	...
30	St. John's	1891	100	W. H. H. H.	...	...
31	St. John's	1891	100	W. H. H. H.	...	...
32	St. John's	1891	100	W. H. H. H.	...	...
33	St. John's	1891	100	W. H. H. H.	...	...
34	St. John's	1891	100	W. H. H. H.	...	...
35	St. John's	1891	100	W. H. H. H.	...	...
36	St. John's	1891	100	W. H. H. H.	...	...
37	St. John's	1891	100	W. H. H. H.	...	...
38	St. John's	1891	100	W. H. H. H.	...	...
39	St. John's	1891	100	W. H. H. H.	...	...
40	St. John's	1891	100	W. H. H. H.	...	...
41	St. John's	1891	100	W. H. H. H.	...	...
42	St. John's	1891	100	W. H. H. H.	...	...
43	St. John's	1891	100	W. H. H. H.	...	...
44	St. John's	1891	100	W. H. H. H.	...	...
45	St. John's	1891	100	W. H. H. H.	...	...
46	St. John's	1891	100	W. H. H. H.	...	...
47	St. John's	1891	100	W. H. H. H.	...	...
48	St. John's	1891	100	W. H. H. H.	...	...
49	St. John's	1891	100	W. H. H. H.	...	...
50	St. John's	1891	100	W. H. H. H.	...	...
51	St. John's	1891	100	W. H. H. H.	...	...
52	St. John's	1891	100	W. H. H. H.	...	...
53	St. John's	1891	100	W. H. H. H.	...	...
54	St. John's	1891	100	W. H. H. H.	...	...
55	St. John's	1891	100	W. H. H. H.	...	...
56	St. John's	1891	100	W. H. H. H.	...	...
57	St. John's	1891	100	W. H. H. H.	...	...
58	St. John's	1891	100	W. H. H. H.	...	...
59	St. John's	1891	100	W. H. H. H.	...	...
60	St. John's	1891	100	W. H. H. H.	...	...
61	St. John's	1891	100	W. H. H. H.	...	...
62	St. John's	1891	100	W. H. H. H.	...	...
63	St. John's	1891	100	W. H. H. H.	...	...
64	St. John's	1891	100	W. H. H. H.	...	...
65	St. John's	1891	100	W. H. H. H.	...	...
66	St. John's	1891	100	W. H. H. H.	...	...
67	St. John's	1891	100	W. H. H. H.	...	...
68	St. John's	1891	100	W. H. H. H.	...	...
69	St. John's	1891	100	W. H. H. H.	...	...
70	St. John's	1891	100	W. H. H. H.	...	...
71	St. John's	1891	100	W. H. H. H.	...	...
72	St. John's	1891	100	W. H. H. H.	...	...
73	St. John's	1891	100	W. H. H. H.	...	...
74	St. John's	1891	100	W. H. H. H.	...	...
75	St. John's	1891	100	W. H. H. H.	...	...
76	St. John's	1891	100	W. H. H. H.	...	...
77	St. John's	1891	100	W. H. H. H.	...	...
78	St. John's	1891	100	W. H. H. H.	...	...
79	St. John's	1891	100	W. H. H. H.
80	St. John's	1891	100	W. H. H. H.
81	St. John's	1891	100	W. H. H. H.
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83	St. John's	1891	100	W. H. H. H.
84	St. John's	1891	100	W. H. H. H.
85	St. John's	1891	100	W. H. H. H.
86	St. John's	1891	100	W. H. H. H.
87	St. John's	1891	100	W. H. H. H.	...	...
88	St. John's	1891	100	W. H. H. H.	...	...
89	St. John's	1891	100	W. H. H. H.	...	...
90	St. John's	1891	100	W. H. H. H.	...	...
91	St. John's	1891	100	W. H. H. H.	...	...
92	St. John's	1891	100	W. H. H. H.	...	...
93	St. John's	1891	100	W. H. H. H.	...	...
94	St. John's	1891	100	W. H. H. H.	...	...
95	St. John's	1891	100	W. H. H. H.	...	...
96	St. John's	1891	100	W. H. H. H.	...	...
97	St. John's	1891	100	W. H. H. H.	...	...
98	St. John's	1891	100	W. H. H. H.	...	...
99	St. John's	1891	100	W. H. H. H.	...	...
100	St. John's	1891	100	W. H. H. H.	...	...

SMALLPOX HOSPITALS.

Districts formed under Orders of the County Council (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(7) Rawmarsh Isolation Hospital Committee	Rawmarsh	2,550	18,570	Rectory Field, Parkgate, Rawmarsh	(a) 1888 (b) Wood, iron and brick Extended 1925-6	24 beds and 4 cots
(8) South Rotherham and Kiveton Park District Isolation Hospital Committee	Kiveton Park R.	20,070	17,034	Brampton Lane, Brampton-en-le-Morthen	(a) 1899 (b) Wood and iron	9 beds and 1 cot
	Maltby	4,792	10,013			
	*Rotherham R. (Southern part):—					
	Aston-cum-Aughton	3,009	5,368			
	Brinsworth	1,071	3,213			
	Bramley	1,408	2,986			
	Catcliffe	689	2,160			
	Hooton Levitt	549	130			
	Orgreave	547	160			
	Thurcroft	5,002	6,486			
	Treeton	1,166	2,480			
	Ulley	934	250			
	Whiston	3,431	3,010			
	Wickersley	1,274	1,849			
		43,942	55,139			
(9) Wharfedale Joint Isolation Hospital Committee	Baildon	2,606	7,794	Guiseley	(a) 1904 (b) Wood and iron	6
	Burley-in-Wharfedale	3,136	3,960			
	Guiseley	1,555	5,607			
	Horsforth	2,800	11,770			
	Ilkley	4,533	9,721			
	Otley	2,995	11,020			
	Rawdon	1,561	4,574			
	Yeadon	1,724	7,671			
	Wharfedale R.	43,731	10,206			
		64,641	72,323			
(10) Skipton and District Smallpox Isolation Hospital Committee	Barnoldswick	2,764	11,915	—	—	—
	Earby	3,519	5,522			
	Silsden	7,101	4,881			
	Skipton U.	4,204	12,434			
	Bowland R.	83,398	5,630			
	Pateley Bridge R.	75,071	7,065			
	Settle R.	152,007	14,746			
	Skipton R.	141,673	18,931			
		469,737	81,124			
(11) Wakefield and District Smallpox Isolation Hospital Committee	Wakefield C.B.	4,970	59,115	Cardigan, near Wakefield	(a) 1910 (b) Brick	20
	Ardsley E. & W.	4,017	9,215			
	Horbury	1,280	7,791			
	Methley	3,493	4,606			
	Rothwell	6,024	15,639			
	Stanley	4,263	14,570			
	Hunslet R.	1,178	4,290			
	Wakefield R.	16,853	18,214			
		42,078	133,440			

* The populations for the Parishes of the Rotherham R.D. are estimated as at 31/12/1930.

TABLE 1. - SUMMARY OF THE DATA FOR THE YEAR 1900

No.	Name	1900		Total	Remarks
		Jan.	Feb.		
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SMALLPOX HOSPITALS.

Joint Hospital Boards formed under Public Health Act, 1875, Section 279.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(12) Dewsbury Joint Hospital Board	Dewsbury C.B. ...	6,720	54,303	Healey Laithes, Ossett	(a) 1905 (b) Wood and iron	30 beds
	Batley (part, viz., Soothill Upper)	1,188	4,400*			
	Heckmondwike ..	696	8,991			
		8,604	67,694			
(13) Calverley Joint Hospital Board	Calverley	2,106	* Estimated 3,655	Each constituent Authority has accepted responsibility for treatment of cases; and have an arrangement with Bradford, but no proper agreement.		
	Farsley	821	6,158			
	Pudsey M.B.	2,399	14,762			
	Bradford C.B. (part, viz., Eccleshill and Idle)	1,221	13,958*			
		1,693	9,013*			
		8,240	47,546			
(14) Doncaster and Mexborough Joint Hospital Board	Adwick-le-Street ...	3,605	* Estimated 20,257	ed as at Mid-year, 1930. Drake Head Lane, Conisbrough	(a) 1899 (b) Wood and iron Extended 1927	28 beds
	Bentley-with-Arksey	5,128	16,458			
	Conisbrough	1,593	18,179			
	Mexborough	1,292	15,856			
	Thurnscoe	1,254	10,540			
	Doncaster R.	77,865	49,053			
		90,737	130,343			
(15) Keighley, Bingley, Shipley and District Joint Hospital Board	Keighley M.B.	3,902	40,440	Upper Heights, Stanbury	(a) (?) New Pavilion, 1921	12 beds and 1 cot
	Bingley	11,675	20,553			
	Denholme	2,536	2,662	Heaton Royd, Shipley	(b) Wood and asbestos (a) 1925 (b) Brick, rough casted	14 beds and 2 cots
	Haworth	2,337	5,912			
	Oakworth	9,125	3,984			
	Oxenhope	4,254	2,276			
	Shipley	2,182	30,243	Morton Banks, Riddlesden, Keighley R.	(a) 1893 Extended since (b) Wood and iron. Admin. Block, brick, rough casted	Since 1910 converted, and used as a Tuberculosis Sanatorium.
	Keighley R.	8,150	8,512			
		44,161	114,582			

SMALLPOX HOSPITALS.

Joint Hospital Boards formed under Public Health Act, 1875, Section 279 (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(16) Liversedge and Mirfield Joint Hospital Board	Spenborough (part, viz., Liversedge)	2,136	14,592*	Crossley Lane, Mirfield	(a) 1904 (b) Wood and iron	16 beds and 2 cots
	Mirfield	3,394	12,099			
		5,530	26,691			
(17) Oakwell Joint Hospital Board	Batley M.B. (excluding Soothill Upper)	2,039	* Estimated as at Mid-year, 1930. 30,173*	Birstall	(a) 1905 Extended later (b) Part brick and wood	12
	Birkenshaw ...	924	2,816			
	Birstall ...	1,234	7,205			
	Drighlington ...	1,135	4,064			
	Gildersome ...	992	3,041			
	Spenborough (part, viz., Gomersal)	1,100	3,797†			
		7,424	51,096			
(18) Wath, Swinton and District Joint Hospital Board	Bolton-upon-Dearne	2,325	* Estimated as in 1931. † Estimated as at Mid-year, 1930. 14,242	Hoover, Brampton Bierlow	(a) 1899 Extended 1927 (b) Admin. Block, stone; Wards, wood	18 beds and 2 cots
	Greasbrough ...	2,413	3,599			
	Swinton ...	1,730	13,820			
	Wath-upon-Dearne ...	2,335	13,653			
	† Rotherham R. (Northern part)					
	Brampton Bierlow	2,619	3,939			
	Dalton ...	1,976	5,517			
	Hooton Roberts ...	1,057	187			
	Ravenfield ...	1,236	476			
	Thrybergh ...	1,318	4,123			
	Wentworth ...	2,328	1,846			
		19,337	61,402			
(19) Brighouse Joint Hospital Board	Brighouse M.B. ...	2,231	19,756	Legal agreement with Halifax C.B. determinable by five years' notice on either side.		—
	Hipperholme ...	1,196	5,383			
	Southowram ...	1,713	2,570			
	Halifax R. ...	6,523	6,001			
		11,663	33,710			

† The populations for the Parishes of the Rotherham R.D. are estimated as at 31/12/30.

SMALLPOX HOSPITALS.

Combined Hospital Districts not formed under Orders.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(20) Pontefract and Tadcaster Smallpox Joint Hospital Committee	Garforth ... Hemsworth U. ... Hemsworth R. ... Knottingley ... Pontefract M.B. ... Pontefract R. ... Selby U. ... Selby R. ... Tadcaster R. ...	1,519 4,163 30,587 1,484 4,078 38,970 3,848 34,408 70,874	3,774 13,001 46,667 6,842 19,053 23,986 10,064 5,942 30,386	Sherburn	(a) 1903-5 Extended 1928 (b) Wood and iron	38 beds
		189,931	159,715			
(21) Ripon Joint Hospital Board	Ripon M.B. ... Ripon R. ... Wath R. (North Riding)	1,812 49,790 17,007	8,576 5,209 2,019	Larkhill, Ripon	(a) 1902 (b) Wood and iron	4 beds and 2 cots
		68,609	15,804			
(22) Sourhall Joint Hospital Committee	Bacup M.B. (Lancashire) Hebden Bridge ... Mytholmroyd ... Todmorden M.B. ... Todmorden R. ...	6,121 476 6,608 12,770 20,501	20,606 6,312 4,467 22,223 4,885	Sourhall, Todmorden	(a) 1875 Extended later (b) Wood and iron	23 beds and 1 cot
		46,476	58,493			
(23) Elland and District Joint Hospital Committee	Barkisland ... Elland ... Greetland ... Rishworth ... Soyland ... Stainland ...	2,424 1,994 626 6,551 4,265 2,320	1,552 10,327 4,298 838 3,057 4,246	Hollin Heys, Elland	(a) 1893 (b) Wood	12 beds and 4 cots
		18,180	24,318			
(24) Barnsley County Borough Council	Barnsley C.B. ... Cudworth ... Darfield ... Darton ... Dodworth ... Hoyland Nether ... Royston ... Wombwell ... Worsborough ... Barnsley R. ...	6,036 1,746 2,018 4,361 1,917 2,087 1,022 3,850 3,613 9,752	71,522 9,380 5,260 12,595 4,248 15,215 7,156 18,365 12,397 4,431	— West Riding Districts by agreement with Barnsley C.B. These districts have no right to representation but are allowed to have representatives attend the Committee for Isolation Hospitals of the Barnsley Town Council.	— —	—
		36,402	160,569			

Hospital or Districts not in Combination.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(25) Saddleworth Urban District Council	Saddleworth ...	16,930	12,577	Running Hill Diggle	(a) 1888 (b) Stone	5 beds and 1 cot
(26) Thorne Rural District Council	Thorne R. ...	38,419	31,154	No hospital. Arrangement with Doncaster and Mexboro' Joint Hospital Board.		
(27) Spenborough Urban District Council	Spenborough (part of—Cleckheaton)	1,756	12,391* * Estimated	Whitehall Road, Hospital Cleckheaton demolished as at Mid-Year, 1930.		Agreement with Liversedge and Mirfield Jt. Hosp. Board to take cases from Cleckheaton.
(28) Morley Town Council	Morley M.B. ...	3,385	23,397	Grange Farm, Churwell	(a) 1904 (b) Wood and iron	30 beds
(29) Ossett Town Council	Ossett M.B. ...	3,333	14,838	Storrs Hill Ossett	(a) 1895 (b) Brick	12 beds
(30) Goole Urban District Council	Goole U. ... Goole R. ...	1,267 36,776	20,238 8,788	Dutch River Side, Goole	(a) 1899 (b) Wood and iron	14
		38,043	29,026	Smallpox hospital belongs to Goole U.D.; the R.D.C. pay a retaining fee to the Goole U.D.C.		
(31) Wortley Rural District Council	Wortley R.D. ...	49,363	29,048	Hall Wood, Grenoside	(a) 1915 (b) Brick	9 beds and 2 cots
(32) Bishopthorpe Rural District Council	Bishopthorpe R. ...	6,411	2,933	No hospital	No definite agreement.	
(33) Tickhill Urban District Council	Tickhill U. ...	5,580	2,297	No hospital	Send cases to the Doncaster and Mexborough Joint Hospital, but have no proper agreement.	
(34) Shelf Urban District Council	Shelf ...	1,303	2,600	No hospital	No agreement.	
(35) Springhead Urban District Council	Springhead ...	1,555	4,833	No hospital	No agreement.	
(36) Stocksbridge Urban District Council	Stocksbridge ...	3,994	9,253	Allan Croft, Bolsterstone	(a) 1888 (b) Wood Used for general infectious diseases. New consideration.	11
(37) Queensbury Urban District Council	Queensbury ...	1,492	5,763	No hospital	No agreement.	
(38) Clayton Urban District Council	Clayton ...	1,462	5,491	District went into Bradford C.B. on 1st April, 1930.		—

SMALLPOX HOSPITALS.

Hospitals or Districts not in Combination (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation. Floor area (144 super. feet per bed).
	Name.	Area in Acres.				
(39) Sowerby Urban District Council	Sowerby	3,037	14,679	No hospital	Agreement with Corporation.	Halifax
(40) Hunsworth Urban District Council	Hunsworth	1,381	1,318	No hospital	No definite agreement.	
(41) Sedbergh Rural District Council	Sedbergh R.	52,674	3,569	No hospital	Agreement with determinable by six months' notice on either side.	Blackburn C.B.
(42) Luddenden Foot Urban District Council	Luddenden Foot	765	2,881	No hospital	Legal agreements between Halifax Corporation and individual Councils.	
(43) Midgley Urban District Council	Midgley	2,183	1,882	No hospital		
(44) Pateley Bridge Rural District Council	Pateley Bridge R. (In Skipton and District Smallpox Hospital Committee. See No. 10.)	75,071	7,065	No hospital	—	—
(45) Skipton Urban District Council	Skipton U. (In Skipton and District Smallpox Hospital Committee. See No. 10.)	4,204	12,434	Keighley Road, Skipton	(a) 1888 (b) Brick	11 beds

GENERAL INFECTIOUS DISEASES HOSPITALS.

Districts formed under Orders of the County Council.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(46) Colne and Holme Joint Isolation Hospital Committee	Golcar ... Holme ... Holmfirth ... Honley ... Linthwaite ... Marsden ... Meltham ... New Mill ... Scammonden ... Slaithwaite ... South Crosland ... Thurstonland and Farnley Tyas (viz., Thurstonland Ward)	1,593 3,464 8,493 1,890 1,323 8,633 5,134 6,259 1,807 3,172 1,811 2,107	9,812 368 10,407 4,611 9,689 5,720 5,051 4,538 394 5,181 2,993 995*	Meltham	(a) 1904 (b) Stone	4	11	Beds 54 Cots 0	
		45,686	59,759						
	* Does not include Asylum Patients.								
(47) Great Ouseburn Isolation Hospital Committee	Great Ouseburn R. ...	45,969	13,276	Acomb	(a) 1904 (b) Brick built	2	5	13	0
(48) Harrogate, Knaresboro' and Wetherby Joint Isolation Hospital Committee	Harrogate M.B. ... Knaresborough U. ... Knaresborough R. ... Wetherby R. ...	3,277 609 37,362 64,638	39,785 5,942 9,297 16,448	Thistle Hill, Knaresboro'	(a) 1905 (b) Stone	4	14	58	0
		105,886	71,472						
(49) Kirkburton Joint Isolation Hospital Committee	Emley ... Flockton ... Kirkburton ... Kirkheaton ... Lepton ... Shelley ... Shepley ... Skelmanthorpe ... Thurstonland and Farnley Tyas (viz., Farnley Tyas Ward) Whitley Upper ...	3,556 1,108 1,289 1,674 1,862 1,568 1,247 1,165 1,784 2,052	1,635 1,471 3,184 2,610 3,322 1,566 1,668 3,711 910* 932	Kirkburton	(a) 1908 (b) Stone	2	8	24	0
		17,305	21,009						
(50) Normanton and District Joint Isolation Hospital Committee	Altofts ... Castleford ... Featherstone ... Normanton ... Whitwood ...	1,838 564 4,431 1,228 1,083	* Estimated as in 1931. 4,980 21,781 14,952 15,684 6,196	Aketon, near Featherstone	(a) 1905, extended 1913 (b) Brick	6	15	60	0
		9,144	63,593						
(51) Penistone District Joint Isolation Hospital Committee	Clayton West ... Denby and Cumberworth ... Gunthwaite and Ing. ... Hoyland Swaine ... Penistone U. ... Thurlstone ... Penistone R. ...	1,142 4,302 2,057 2,026 1,134 8,116 16,213	1,846 3,396 338 793 3,264 2,640 5,459	Hoyland Swaine	(a) 1905 (b) Stone, blue slated	2	5	14	0
		34,990	17,736						

GENERAL INFECTIOUS DISEASES HOSPITALS.

Districts formed under Orders of the County Council (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(52) Rawmarsh Isolation Hospital Committee	Rawmarsh	...	2,550	18,570	Rosehill, Rawmarsh	(a) Sept., 1910, wooden pavilion in 1926 (b) Brick, blue slated, one wood Pavilion	3 1 Wood	8 1	Beds 22 Cots 6 22 0
(53) Rothwell, Methley and Hunslet Joint Isolation Hospital Committee	Rothwell	...	6,024	15,639	Rothwell	(a) 1903-4 (b) Brick, blue slated, except Puerperal Ward of wood	4	9	29 2
	Methley	...	3,493	4,606					
	Hunslet R.	...	1,178	4,290					
			10,695	24,535					
(54) Sedbergh Isolation Hospital Committee	Sedbergh R.	...	52,674	3,569	Frostrow Lane, Sedbergh	(a) 1906 (b) Stone	1	2	4 0
(55) Selby Joint Isolation Hospital Committee	Selby U.	W.R.	3,848	10,064	Selby Common	(a) 1906 (b) Brick, blue slated	2	7	17 4
	Selby R.	W.R.	34,408	5,942					
	Riccall R.	E.R.	18,104	5,285					
			56,360	21,291					
(56) South Rotherham, Kiveton Park District Isolation Hospital Committee	Kiveton Park R.	...	20,070	17,034	Aston, near Rotherham	(a) 1905, extended 1915 and 1925 (b) Stone	6	9	43 0
	Maltby	...	4,792	10,013					
	*Rotherham R., viz.:—								
	Aston-cum-Aughton	...	3,009	5,368					
	Brinsworth	...	1,071	3,213					
	Bramley	...	1,408	2,986					
	Catcliffe	...	689	2,160					
	Hooton Levitt	...	549	130					
	Orgreave	...	547	160					
	Thurcroft	...	5,002	6,486					
	Treeton	...	1,166	2,480					
	Ulley	...	984	250					
	Whiston	...	3,431	3,010					
	Wickersley	...	1,274	1,849					
			43,942	55,139					
(57) Wharfedale Jt. Isolation Hospital Committee	Baildon	...	2,606	7,794	Menston	(a) 1901 extended 1929 (b) Stone except temporary wooden ward	5	15	73 0
	Burley-in-Wharfedale	...	3,136	3,960					
	Guiselley	...	1,555	5,607					
	Horsforth	...	2,800	11,770					
	Ilkley	...	4,533	9,721					
	Otley	...	2,995	11,020					
	Rawdon	...	1,561	4,574					
	Yeadon	...	1,724	7,671					
	Wharfedale R.	...	43,731	10,206					
			64,641	72,323					

* The populations for the Parishes of the Rotherham R.D. are estimated as at 31/12/1930.

GENERAL INFECTIOUS DISEASES HOSPITALS.

Joint Hospital Boards formed under Public Health Act, 1875, Section 279.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.		
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).
(58) Brighouse Joint Hospital Board	Brighouse M.B. ... Hipperholme ... Southowram ... Halifax R. ...	2,231 1,196 1,713 6,523	19,756 5,383 2,570 6,001	Clifton	(a) 1898, extended 1913 (b) All stone except temporary block of wood and galvanised iron	3	8	Beds 34 Cots 0
		11,663	33,710					
(59) Calverley Joint Hospital Board	Calverley ... Farsley ... Pudsey M.B. ... Bradford C.B. (part, viz., Eccleshill and Idle) ...	2,106 821 2,399 1,221 1,693	3,655 6,158 14,762 13,958* 9,013*	Thornbury	(a) 1891, extended 1903 (b) Stone	3	10	44 0
		8,240	47,546					
		* Estimated as at Mid-year 1930.						
(60) Dewsbury Joint Hospital Board	Dewsbury C.B. ... Heckmondwike U. ... Batley M.B. (part, viz., Soothill Upper)	6,720 696 1,188	54,303 8,991 4,400*	Mitchell Laithes Earls-heaton	(a) 1905 and later (b) Stone, except for one block -stuccoed	4	14	70 8
		8,604	67,694					
		* Estimated as in 1931.						
(61) Doncaster and Mexboro' Joint Hospital Board	Adwick-le-Street ... Bentley-with-Arksey ... Conisbrough ... Mexborough ... Thurnscoe ... Doncaster R. ...	3,605 5,128 1,593 1,292 1,254 77,865	20,257 16,458 18,179 15,856 10,540 49,053	Conisboro'	(a) 1901 (b) Brick	4	18	85 0
		90,737	130,343					
(62) Goole Joint Hospital Board	Goole U. ... Goole R. ...	1,267 36,776	20,238 8,788	Westfield Bank, Hook	(a) 1908 (b) Brick and blue slates	2	8	28 0
		38,043	29,026					
(63) Keighley, Bingley and Shipley Joint Hospital Board	Keighley M.B. ... Bingley ... Denholme ... Haworth ... Oakworth ... Oxenhope ... Shipley ... Keighley R. ...	3,902 11,675 2,536 2,337 9,125 4,254 2,182 8,150	40,440 20,553 2,662 5,912 3,984 2,276 30,243 8,512	Morton Banks, Keighley	(a) 1897 (b) All stone except wooden store room left from War Hospital	7	31	97 0
		44,161	114,582					
				Stoney Ridge	(a) 1890 extended 1914 (b) Stone	2	8	28 2

GENERAL INFECTIOUS DISEASES HOSPITALS.

Joint Hospital Boards formed under Public Health Act, 1875, Section 279 (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(64) Liversedge and Mirfield Joint Hospital Board	Mirfield ... Liversedge portion of Spenboro'	3,394 2,136	12,099 14,592*	Crossley Lane, Mirfield	(a) 1896, extended 1897, 1901 and about 1913 (b) Lodge brick; other parts galvd. iron, wood lined	1	4	18	1
		5,530	26,691						
(65) North Bierley Joint Hospital Board	Hunsworth ... Spenborough (part, viz., Cleckheaton) Bradford C.B. (part, viz., North Bierley and Tong) ...	1,381 1,756 4,282 2,659	1,318 12,391* 25,887* 6,759*	Mid-year, 1930. Cleckheaton	(a) 1892, 1898 extended (b) Stone	2	8	30	0
		10,078	46,355						
(66) Oakwell Joint Hospital Board	Batley M.B. (excluding Soothill Upper) Birkenshaw ... Birstall ... Drighlington ... Gildersome ... Spenborough (part, viz., Gomersal) ...	2,039 924 1,234 1,135 992 1,100	30,173† 2,816 7,205 4,064 3,041 3,797*	Mid-year, 1930. Oakwell Lane, Birstal	(a) 1903, extended 1912 (b) Brick, except one ward built of wood	6	14	76	0
		7,424	51,096						
(67) Pontefract Joint Hospital Board	Pontefract M.B. ... Knottingley ... Pontefract R. ...	4,078 1,484 38,970	19,053 6,842 23,986	Chequers Fields, Pontefract	(a) 1897, extended 1912 (b) Brick, stone facings, blue slated	3	10	34	2
		44,532	49,881						
(68) Wath, Swinton and District Joint Hospital Board	Bolton-upon-Dearne ... Greasbrough ... Swinton ... Wath-upon-Dearne ... *Rotherham Rural—Parishes of— Brampton Bierlow ... Dalton ... Hooton Roberts ... Ravenfield ... Thrybergh ... Wentworth ...	2,325 2,413 1,730 2,335 2,619 1,976 1,057 1,236 1,318 2,328	14,242 3,599 13,820 13,653 3,939 5,517 187 476 4,123 1,846	Wath Wood, Wath-upon-Dearne	(a) 1902, since extended (b) Brick, blue slated; drying shed of wood	5	15 includes Obser. Wards	67	6
		19,337	61,402						

* The populations for the Parishes of the Rotherham R.D. are estimated as at 31/12/1930.

GENERAL INFECTIOUS DISEASES HOSPITALS.

Combined Hospital Districts not formed under Orders.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(69) Fielden Joint Hospital Committee	Todmorden M.B. Hebden Bridge Mytholmroyd Todmorden R.	... ... ... ...	12,770 476 6,608 20,501	22,223 6,312 4,467 4,885	Lee Bottom, Todmorden	(a) 1892-4, Scarlet Fever Pavilion 1906 (b) All stone except mortuary and boiler house brick	3	12	Beds 50 Cots 6 including discharge wards
			40,355	37,887					
(70) Hemsworth Urban and Rural Joint Hospital Committee	Hemsworth U. Hemsworth R.	... ...	4,163 30,587	13,001 46,667	East Brierley Common	(a) 1894, extended since (b) Brick and blue slate roof	4	11	48 0
			34,750	59,668					
(71) Skipton Joint Hospital Committee	Earby Silsden Skipton U. Skipton R.	... ... ... ...	3,519 7,101 4,204 141,673	5,522 4,881 12,434 18,931	Skipton	(a) 1902 (b) Stone	4	10	42 0
			156,497	41,768					
(72) Ripon and Wath Joint Hospital Committee	Ripon City Ripon R. Wath R.	W.R. W.R. N.R.	1,812 49,790 17,007	8,576 5,209 2,019	Ripon	(a) 1875 (b) Brick, blue slated	1 Two storey	8	12 4
			68,609	15,804					
(73) Wakefield Rural and Ardsley and Stanley Urban District Councils Joint Committee	Wakefield R. Ardsley E. and W. Stanley	... ... ...	16,853 4,017 4,263	18,214 9,215 14,570	Carr Gate, Stanley Urban District	(a) 1889, extended 1892 (b) Brick, blue slated and tiled roof; Scarlet Fever Pavilion wood and iron	2	6	24 2
			25,133	41,999					
(74) Barnsley County Borough Council	Barnsley C.B. Cudworth Darfield Darton Dodworth Hoyland Nether Royston Wombwell Worsborough Barnsley R.	... ... ... ... ... ... ... ... ... ...	6,036 1,746 2,018 4,361 1,917 2,087 1,022 3,850 3,613 9,752	71,522 9,380 5,260 12,595 4,248 15,215 7,156 18,365 12,397 4,431	— — — — — — — — — —	— — — — — — — — — —	— — — — — — — — — —	— — — — — — — — — —	— — — — — — — — — —
			36,402	160,569	West Riding Districts by agreement with Barnsley C.B. These districts have no right to representation, but are allowed to have representatives attend the Committee for Isolation Hospitals of the Barnsley Town Council. Darton have an agreement with Normanton and District Joint I.H. Committee coming into force on 1st January, 1932.				

West Riding Districts by agreement with Barnsley C.B. These districts have no right to representation, but are allowed to have representatives attend the Committee for Isolation Hospitals of the Barnsley Town Council. Darton have an agreement with Normanton and District Joint I.H. Committee coming into force on 1st January, 1932.

OUTSIDE COVER

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GENERAL INFECTIOUS DISEASES HOSPITALS.

Hospitals or Districts not in Combination.

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(75) Barnoldswick Urban District Council	Barnoldswick	...	2,764	11,915	Gisburn Road, Barnoldswick	(a) 1899 (b) Stone	1	2	Beds 6 Cots 0
(76) Horbury Urban District Council	Horbury	...	1,280	7,791	Addington	(a) 1903, New Scarlet Fever Ward 1913-14 (b) Galvd. iron, wood lined	2	4 and 1 observation	12 4
(77) Morley Corporation	Morley M.B.	...	3,385	23,397	Bruntcliffe	(a) 1893, Quarantine Block added 1898, Steam Disinfecter and Laundry 1905, extension to Admin. Block 1910 (b) Brick, blue slated, except Quarantine Block, galvd. corrugated iron	2 including Quarantine Block	8	20 0
(78) Pateley Bridge Rural District Council	Pateley Bridge R.	...	75,071	7,065	Pateley Bridge	(a) 1905 (b) Wood and galvd. iron	1	2	4 0

Name of Institution	Address	Amount	Remarks	Date
The University of California	Berkeley, Cal.	1,250	For the purchase of books	Jan. 1, 1907
The University of California	Berkeley, Cal.	1,250	For the purchase of books	Jan. 1, 1907
The University of California	Berkeley, Cal.	1,250	For the purchase of books	Jan. 1, 1907
The University of California	Berkeley, Cal.	1,250	For the purchase of books	Jan. 1, 1907

GENERAL INFECTIOUS DISEASES HOSPITALS.

Hospitals or Districts not in Combination (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.			
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 120 sq. ft. per single bed ward).	
(79) Queensbury Urban District Council	Queensbury	...	1,492	5,763	Long Lane Queensbury	(a) 1894 (b) Stone except for one wood temporary building with asbestos tiled roof	1	6	Beds 8 Cots 4
(80) Settle Rural District Council	Settle R.	...	152,007	14,746	Harden Bridge, Austwick	(a) 1907 (b) Stone	3	6	20 0
(81) Sowerby Urban District Council	Sowerby	...	3,037	14,679	Norland	(a) — (b) Stone	1	2	5 0
(82) Tadcaster Rural District Council	Tadcaster R.	...	70,874	30,386	Garforth Cliffe, Leeds and Selby Road, Garforth	(a) 1893-4 (b) Iron and wood on brick foundations; asbestos cement tiles on roof	3	9	27 3
(83) Thorne Rural District Council	Thorne R.	...	38,419	31,154	No hospital	1. Arrangement with Doncaster and Mexborough Joint Hospital Board.			
(84) Wortley Rural District Council	Wortley R.	...	49,363	29,048	Salt Box Lane, Grenoside	(a) 1892-3, extended 1913 and 1929 (b) Stone, blue slated New brick pavilion Isolation Block, 4 cub. wards	1 1	6 4	Beds 14 Cots 4 4 4
(85) Barkisland	Barkisland	...	2,424	1,552	No hospital	Have an arrangement with Halifax and Huddersfield Corporations to send cases into their hospitals, but no proper agreement.			
(86) Bishopthorpe R.	Bishopthorpe R.	...	6,411	2,933	No hospital	Send cases to Great Ouseburn Rural Council's Isolation Hospital, but no proper agreement.			
(87) Bowland R.	Bowland R.	...	83,398	5,630	No hospital	No agreement or arrangements for accommodation of cases.			

Statement of Assets and Liabilities of the State of Texas

Name of the Fund	Fund	Assets	Liabilities	Total
(10) General Fund	General	1,432	0.00	1,432.00
(11) Debt Fund	Debt	1,000.00	0.00	1,000.00
(12) Capital Projects Fund	Capital Projects	4,000.00	0.00	4,000.00
(13) Public Safety Fund	Public Safety	50,000.00	0.00	50,000.00
(14) Transportation Fund	Transportation	10,000.00	0.00	10,000.00
(15) Higher Education Fund	Higher Education	10,000.00	0.00	10,000.00
(16) State Parks and Historic Sites Fund	State Parks and Historic Sites	1,000.00	0.00	1,000.00
(17) State Library and Archives Fund	State Library and Archives	1,000.00	0.00	1,000.00
(18) State Office Building Fund	State Office Building	1,000.00	0.00	1,000.00

GENERAL INFECTIOUS DISEASES HOSPITALS.

Hospitals or Districts not in Combination (continued).

Name of Hospital Authority.	Districts Served.		Population, 1931 Census.	Situation of Hospital.	(a) Date of Erection. (b) Construction.	Accommodation.		
	Name.	Area in Acres.				Blocks.	Wards.	Accommodation (144 sq. ft. basis or 12 sq. ft. per single bed ward).
Clayton (88)	Clayton	...	1,462	5,491	No hospital	Agreement with Bradford to take cases of all notifiable infectious diseases provided the said diseases are being dealt with by Bradford.		
Elland (89)	Elland	...	1,994	10,327	No hospital	Arrangements with Brighouse Joint Hospital Board, Halifax and Huddersfield Corporations to admit cases if accommodation available, but no proper agreements.		
Greetland (90)	Greetland	...	626	4,298	No hospital	Arrangement with Halifax and Huddersfield Corporations, but no proper agreements.		
Garforth (91)	Garforth	...	1,519	3,774	No hospital	Agreement with Tadcaster Rural Council. Proviso if either party wish to end Agreement and other party objects, matter be referred to arbitration.		
Luddenden Foot (92)	Luddenden Foot	...	765	2,881	No hospital	Agreement with Halifax Corporation.		
Midgley (93)	Midgley	...	2,183	1,882	No hospital	Agreement with Halifax Corporation.		
Ossett B. (94)	Ossett B.	...	3,333	14,838	No hospital	Send cases to Dewsbury Joint Hospital, but have no proper agreement.		
Rishworth (95)	Rishworth	...	6,551	838	No hospital	Cases admitted to hospitals of Brighouse Joint Hospital Board or Halifax Corporation, but no proper agreements.		
Saddleworth (96)	Saddleworth	...	16,930	12,577	No hospital	Arrangement with Oldham Corporation, but no proper agreement.		
Shelf (97)	Shelf	...	1,303	2,600	No hospital	Cases admitted to hospitals belonging to Queensbury Urban Council and Halifax Corporation if accommodation available, but no proper agreements.		
Soyland (98)	Soyland	...	4,265	3,057	No hospital	No arrangements for treatment.		
Springhead (99)	Springhead	...	1,555	4,833	No hospital	No arrangements for treatment.		
Stainland (100)	Stainland	...	2,320	4,246	No hospital	Arrangement with Halifax and Huddersfield Corporations, but no proper agreements.		
Stocksbridge (101)	Stocksbridge	...	3,994	9,253	No hospital	Smallpox hospital used for general infectious diseases, and is generally unsatisfactory.		
Tickhill (102)	Tickhill	...	5,580	2,297	No hospital	Send cases to the Doncaster and Mexborough Joint Hospital, but no proper agreement.		

Name of Hospital.	Accommodation for In-patients.										Total.	No. of West Riding In-patients treated in 1930.	No. of West Riding Out-patients treated in 1930.	Waiting List (May, 1931).		
	Medical.		Surgical.		Children.	Special—Throat, Nose, Ear, Eye, Skin, Gynaecological.	Other. Convalescent, etc.		West Riding Patients.	County Borough Patients.				Total.		
	M.	F.	M.	F.			M.	F.								
Batley and District Hospital ...	12	12	22	22	18	—	—	—	86	1055	1690	—	—	—	—	
Bingley Hospital ...	—	—	12*	18*	15	—	—	—	45	446	217	—	—	—	—	
Castleford and Normanton ...	—	—	19	11	8	—	—	—	38	712	—	—	—	—	—	
Holme Valley Memorial ...	13*	14*	—	—	6	—	—	—	33	341	130	—	—	—	—	
Mirfield Memorial ...	9*	9*	—	—	—	—	—	—	18	212	—	—	—	—	—	
Pontefract General Infirmary...	—	—	22	26	12	—	—	—	60	1487	3593	—	—	—	—	
Ripon Cottage Hospital ...	10*	10*	—	—	6	—	—	—	26	250	—	—	—	—	—	
†Warde Aldam Cottage Hospital South Elmsall	—	—	—	—	75	—	—	—	75	63	—	4	—	3	1	
Marguerite Home, Thorparch...	—	—	—	—	—	—	—	—	101	1419	5534	226	—	—	—	
Harrogate Infirmary ...	20	20	30	31	—	—	—	—	16	278	12	—	—	—	—	
Ilkley Coronation Cottage Hospital	16*	—	—	—	—	—	—	—	100	87	—	—	—	—	—	
Ilkley Hospital and Convalescent Home	—	—	—	—	—	—	—	50	50	—	—	—	—	—	—	
Montague Hospital, Mexbro' ...	—	—	30	32	12	20	—	—	94	2166	5182	—	—	—	—	
Bartholomew Hospital, Goole...	—	—	14	8	2	—	—	—	24	270	1209	—	—	—	—	
Clayton Hospital, Wakefield ...	9	6	33	34	26	—	—	—	108	1210	5800	—	—	—	—	
Herzl Moser Hospital, Leeds ...	12*	19*	—	—	3	2	—	—	36	433	54	—	17	8	9	
Leeds Hospital for Women ...	—	—	—	60	—	—	—	—	60	470	588	28	48	—	76	
Leeds Maternity Hospital ...	—	—	—	—	—	108	—	—	108	263	—	—	—	—	—	
General Infirmary, Leeds ...	69	55	165	95	134	109	—	—	627	5350	11304	545	682	603	624	
Dewsbury General Infirmary ...	34*	31*	—	—	20	6	—	—	91	497	1400	4	8	9	3	
Huddersfield Royal Infirmary ...	6	8	66	55	34	45	2	—	216	872	1563	23	44	16	51	
Beckett Hospital, Barnsley ..	6	10	54	20	31	32	—	—	153	1304	6000	54	45	44	55	
Royal Halifax Infirmary ...	94*	68*	—	—	44	24	—	—	230	1427	1684	16	21	12	25	
Rotherham Hospital ...	130*	—	—	—	—	—	—	—	130	70	—	—	—	—	—	
Edgar Allen Institute, Sheffield	—	—	—	—	—	—	—	—	—	—	385	—	—	—	—	
George Woodfindin Con. Home, Sheffield	—	—	—	—	—	—	—	30	65	—	—	—	—	—	—	
Godfrey Walker Con. Home, Sheffield	—	—	—	—	—	—	—	—	24	325	—	—	—	—	—	
Sheffield King Edward VII Hospital for Children	—	—	2	1	130	—	—	—	133	70	—	12	—	5	7	
Children's Hospital, Sheffield	—	—	—	—	107	—	—	—	107	189	463	39	2	19	22	
Sheffield Royal Hospital ...	32	44	63	44	37	55	—	28	340	989	1181	—	—	—	—	
Jessop Hospital for Women, Sheffield	—	—	—	—	—	146	(and 35 cots)	—	146	720	584	141	65	—	206	

* Separate figures not available for "Medical" and "Surgical," as beds are interchangeable.

† No information available (small private hospital for accidents only).

VOLUNTARY HOSPITALS (COMPILED MAY, 1931)—CONTINUED.

Name of Hospital.	Accommodation for In-patients.										No. of West Riding In-patients treated in 1930.	No. of West Riding Out-patients treated in 1930.	Waiting List (May, 1931).		
	Medical.		Surgical.		Children.	Special—Throat, Nose, Ear, Eye, Skin, Gynæcological.	Other. Convalescent, etc.		Total.	West Riding Patients.			County Borough Patients.	Total.	
														M.	F.
	M.	F.	M.	F.			M.	F.						M.	F.
Royal Infirmary, Sheffield	60	42	118	82	81	93	—	—	476	1928	6995	408	973	721	660
Bradford Royal Infirmary	215*	—	—	—	—	50	25	25	315	1542	2248	—	—	—	—
Doncaster Royal Infirmary	185*	—	—	—	—	—	—	—	185	1606	5000	—	—	—	—
Yorkshire Children's Orthopaedic Hospital, Kirbymoorside	—	—	—	—	106	—	—	—	106	28	—	—	—	—	—
York County Hospital	27	26	46	46	27	21	2	1	196	219	450	16	—	7	9
Hull Royal Infirmary	56	54	38	77	42	53	—	—	370	43	55	2	—	1	1
Victoria Hospital for Sick Children, Hull	—	—	—	—	105	10	—	—	115	5	9	—	—	—	—
Hartley Hospital, Colne	14*	18*	—	—	8	—	—	—	40	11	13	—	—	—	—
District Infirmary, Ashton-under-Lyne	202*	—	—	—	—	—	—	—	202	37	52	—	—	—	—
Rochdale Infirmary	—	—	35	55	10	—	—	—	110	5	—	—	—	—	—
Royal Lancaster Infirmary	43*	35*	—	—	20	—	—	2	100	104	12	3	—	1	2
Oldham Royal Infirmary	10	10	81	63	36	—	—	—	200	100	137	8	369	146	231
Westmorland County Hospital	10	10	16	24	12	—	—	—	72	8	—	—	—	—	—
Manchester and Salford Hosp. for Skin Diseases	—	—	—	—	—	54	—	—	54	11	94	1	47	26	22
Royal Manchester Children's Hospital	—	—	—	—	180	—	—	30	210	28	—	—	—	—	—
Manchester Royal Infirmary	104	96	236	169	—	39	72	60	776	163	167	27	—	13	14
St. Luke's Hospital, Manchester	8	22	—	—	—	—	—	—	30	2	2	—	—	—	—
Manchester Ear Hospital	—	—	—	—	—	24	—	—	24	—	4	—	—	—	—
Royal Eye Hospital, Manchester	—	—	—	—	—	150	—	—	150	5	62	—	—	—	—
Workshop Victoria Hospital	92*	—	—	—	—	—	—	—	92	14	—	—	—	—	—

* Separate figures not available for "Medical" and "Surgical," as beds are interchangeable.

ORTHOPÆDIC HOSPITALS.

Name of Hospital.	Orthopædic Beds Available—December, 1930.						Orthopædic Beds Occupied—December, 1930.					
	Adults.			Children aged 1-14.			Adults.			Children aged 1-14.		
	Tubercular.		Non-Tubercular.	Tubercular.		Non-Tubercular.	Tubercular.		Non-Tubercular.	Tubercular.		Non-Tubercular.
	M.	F.		M.	F.		M.	F.		M.	F.	
Shropshire Orthopædic Hospital	11	8	—	—	—	3	11	8	—	2	—	—
Marguerite Home, Thorparch	—	—	—	—	—	36	—	—	—	38	—	3
Leasowe Hospital	—	—	—	—	—	4	—	—	—	4	—	—
Yorkshire Children's Hospital	—	—	—	—	—	15	—	—	—	16	—	—
Orthopædic Hospital, Kirkbymoorside	—	—	—	—	—	20	—	—	—	17	—	—
Royal National Orthopædic Hospital, Stanmore	—	—	—	—	—	35	—	—	—	36	—	—
King Edward VII Hospital, Rivelin Valley, Sheffield	—	—	—	—	—	—	—	—	—	—	—	1
Chipping Norton	—	—	—	—	—	—	—	—	—	—	—	1
Gosforth Home for Cripples	—	—	—	—	—	—	—	—	—	—	—	1
Halliwick Cripples Home	—	—	—	—	—	—	—	—	—	—	—	6
St. Vincent's, Pinner	—	—	—	—	—	—	—	—	—	—	—	1
Heritage Craft Schools, Chailey	—	—	—	—	—	—	—	—	—	—	—	7
Convent of Merey, Clacton	—	—	—	—	—	—	—	—	—	—	—	1
Heatherwood Hospital, Ascot	—	—	—	—	—	—	—	—	—	—	—	6
Suntrap Home, South Hayling	—	—	—	—	—	—	—	—	—	—	—	1
Ethel Hedley Hospital, Windermere	—	—	—	—	—	—	—	—	—	—	—	2
Bretby Hall, Burton-on-Trent	—	—	—	—	—	—	—	—	—	—	—	1
Liverpool Children's Hospital, Heswall	—	—	—	—	—	—	—	—	—	—	—	4
Home of Rest, Liverpool	—	—	—	—	—	—	—	—	—	—	—	9
(Heart Cases only)	3	4	—	—	—	8	2	3	—	5	—	—
Miscellaneous	—	—	—	—	—	—	—	—	—	—	—	—
Totals	14	12	—	—	—	121	13	11	—	118	—	43

Tuberculosis Scheme—Pulmonary Institutions.

	Accommodation available.				Beds occupied, December 31st, 1930.			
	M.	W.	B.	G.	M.	W.	B.	G.
<i>Institutions main- tained by County Council.</i>								
Middleton Sanatorium	300	—	—	—	290	—	—	—
Mitchell M.H. ...	30	—	—	—	29	—	—	—
Crookhill Hall ...	40	—	—	—	40	—	—	—
Cardigan Sanatorium	—	50	—	—	—	50	—	—
Eldwick Sanatorium	—	—	39		—	—	11	28
<i>Institutions under control of other Authorities.</i>								
Miscellaneous Institutions*	15	144	184		15	144	115	67
Totals ...	385	194	223		374	194	126	95

* List given on page 146.

Mental Hospitals.

Mental hospital accommodation in the County is provided by the West Riding of Yorkshire Mental Hospitals Board. The Constituent Authorities represented on this Board are the West Riding County Council and the Councils of the 10 County Boroughs in the West Riding. I am indebted to the Clerk of the Board for the figures contained in the following table, which include County Borough patients, the data for the individual areas not being published separately.

Accommodation available on 31st December, 1929.					
	Wakefield.	Wadsley.	Menston.	Storthes Hall.	Total.
Males ...	1166	905	857	870	3798
Females ...	1184	1022	907	966	4079
	2350	1927	1764	1836	7877

In addition the County have an institution (Scalebor Park) for private patients, with accommodation for 136 male and 144 female patients.

**Certified Institutions under the Mental Deficiency Acts, 1913 to 1927, showing
Number of West Riding Patients in Residence at 31st December, 1930.**

Name of Institution.	No. of West Riding Patients.		
	Male.	Female.	Total.
<i>Owned by West Riding County Council.</i>			
"The Mansion," Kirkburton	61	—	61
Oulton Hall, near Leeds	163	—	163
Rawcliffe Hall, near Goole	—	123	123
Settle Certified Institution	15	3	18
Tadcaster Certified Institution	—	24	24
Wortley Poor Law Institution, near Sheffield ...	—	20	20
Totals ...	239	170	409
<i>Institutions owned by other Authorities.</i>			
Ashton House Home, Birkenhead	—	1	1
Barkingside Girls' Village Homes	—	1	1
Barnsley Poor Law Institutions	3	2	5
Besford Court, Worcestershire	1	—	1
Cuckfield Poor Law Institution	—	1	1
Doncaster Poor Law Institution	17	16	33
Durran Hill House, Carlisle	—	5	5
Ellen Terry National Home, Reigate	—	1	1
Etloe House, Leyton	—	2	2
Halifax, Gibbet Street Institution	—	1	1
Huddersfield Poor Law Institution	4	—	4
Monkton Hall Home, Jarrow-on-Tyne	4	—	4
Pield Heath House, Hillingdon	—	1	1
Princess Christian's Farm Colony	4	4	8
Royal Albert Institution, Lancaster	42	14	56
St. Teresa's Institution, Lewisham	—	2	2
Sandlebridge, Alderley Edge	4	3	7
Scarborough Poor Law Institution	8	2	10
Seafeld House, Seaforth	12	20	32
Stapleton Poor Law Institution	—	1	1
Stoke Park Colony, Stapleton	25	19	44
Stourbridge Certified Institution	2	—	2
Ulverston Poor Law Institution	—	1	1
Whittington Hall, Chesterfield	—	30	30
Totals ...	126	127	253

**List of Special Schools showing where Mentally Defective Children are
Maintained by the West Riding Education Committee under the Education
Act, 1921.**

Name of Special School.	No. of West Riding Children in residence at 31st Dec., 1930.
Armley Park Special School, Leeds	5
East Leeds Special School, Leeds	3
Hunslet Hall Road Special School, Leeds	4
Sandlebridge Special School, Great Warford, Cheshire	10
Allerton Priory R.C. Special School, Liverpool	0
Chauser Street Special Day School, Oldham	2
Margaret Macmillan Special Day School, Bradford	1
Besford Court Special School for R.C. Children, Worcestershire ...	1
Quarry House Special Day School, Northowram, Halifax ...	3
Total	29

PART II.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

The specimens examined in the Laboratory during the year 1930, including those from the County Boroughs of Wakefield, Dewsbury, Halifax, Barnsley, and Doncaster, numbered 30,194. The number (exclusive of venereal specimens, which are given separately on page 80) examined for the County Borough of Wakefield was 1,080, for the County Borough of Dewsbury 73, for the County Borough of Doncaster 702, for the County Borough of Barnsley 17, and for the Ministry of Health 26. The following table shows the number of specimens of different kinds examined during each month of 1930:—

Month.	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diphtheria.	Venereal Disease.	Miscel- laneous.	Total.
January	105	466	1486	395	431	2883
February	51	432	1497	368	410	2758
March	102	507	1329	357	409	2704
April	135	435	1316	307	432	2625
May	129	564	1099	427	434	2653
June	126	486	640	246	378	1876
July	141	502	1014	318	460	2435
August	150	392	792	318	340	1992
September	159	427	867	289	610	2352
October	150	588	1134	366	429	2667
November	81	497	1368	307	532	2785
December	90	426	1244	330	374	2464
Total	1419	5722	13786	4028	5239	30194

The next table gives the figures for 1930 in comparison with those for the previous five years:—

Year.	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diphtheria.	Venereal Disease.	Miscel- laneous.	Total.
1925	1557	5245	8058	3174	3926	21960
1926	1710	4864	6396	3148	4201	20319
1927	2249	5566	6633	3330	4721	22499
1928	1710	5552	9969	3746	4562	25539
1929	2115	5380	10934	3684	4898	27011
1930	1419	5722	13786	4028	5239	30194

During the year, 1,362 specimens were received which required biological examination.

Diphtheria.—During the year 13,786 swabs were examined for the diphtheria bacillus. Medical Officers of Health and Practitioners submitted 13,752 specimens from suspected cases and convalescents, of which 2,128 were positive.

The School Medical Inspectors submitted 8 Swabs from suspected cases among children attending school, and in 1 case the result was positive.

The Central Staff collected 26 swabs in connection with outbreaks of diphtheria, all of which were negative.

The diphtheria bacillus was isolated from 10 persistent cases of diphtheria and tested for virulence, and in 5 cases the result was positive.

Enteric Fever.—Examination for Widal Reaction. During the year 1,419 specimens of blood were examined, and 223 found to give a positive result.

Examination for the Bacillus Typhosus. The number of specimens examined was 332, and consisted chiefly of urine and faeces from convalescent cases and suspected carriers. Of these, 14 specimens of urine and 6 of faeces were found to contain the typhoid bacillus.

Paratyphoid Fever.—During the year 1,419 specimens of blood were examined for agglutination against bacillus paratyphosus A. and B., and in 132 cases the result was positive with B. paratyphosus B.

Three hundred and thirty-two specimens (200 of faeces and 132 of urine) were examined. In 15 specimens of faeces and 2 of urine the bacillus paratyphosus B. was found.

Dysentery.—Thirteen specimens for faeces were examined, and in 2 the bacillus dysenteriae (Flexner type) was found.

Tuberculosis.—Sputum.—The specimens examined for tubercle bacilli numbered 5,722, and in 1,020 the bacillus was found. Medical Officers of Health and Practitioners submitted 3,382 specimens, the Tuberculosis Staff 2,330 (from Sanatoria 602 and from Dispensaries 1,728), and 10 specimens were received from Hospitals.

Urine.—One hundred and sixty-seven specimens from suspected cases of tuberculosis of the kidney and bladder were examined, and in 10 cases the result was positive.

Other Specimens.—The remaining specimens examined for tubercle bacilli were: 61 of pus, 23 of pleural fluid, 7 fluid from knee, 8 of faeces, and 1 of ascitic fluid. In 7 specimens of pus, 2 of pleural fluid, and 1 fluid from knee, the tubercle bacillus was found.

Bovine Tuberculosis.—Milk.—One thousand two hundred and fifteen samples (947 from individual cows and 268 mixed samples) were examined. Of these, 150 from individual cows and 14 mixed samples were found to contain the tubercle bacillus.

Other Specimens.—Twenty-seven specimens were examined, namely: 13 of gland, 9 of lungs, 4 of udder, and 1 of kidney. In 6 of these the bacillus was found.

Milk (Special Designations) Order, 1923.—One hundred and ninety-six samples were examined under the provisions of this Order, and 153 were found to come up to the standard required for Grade "A" milk.

Milk Supplied to School Children.—One hundred and thirty-nine samples of the milk supplied to school children were examined, and 88 complied with the required standards.

The table on page 39 shows the number of samples of each class of milk examined, and the result of the examination.

Milk Examined for Bacterial Contact.—Forty samples of ordinary milk were examined, and in 19 the bacterial content was unsatisfactory.

Ringworm.—The number of specimens of hairs and scales examined was 958, and a positive result was obtained in 493. Medical Officers of Health and Practitioners submitted 414, of which 194 were positive. The School Staff submitted 38, of which 26 were positive, and the Nursing Staff submitted 506, and 273 were positive.

Nineteen children were sent to the Laboratory for examination to determine whether treatment had been successful in completely eradicating the ringworm parasite. Ten cases were found not to be cured.

Anthrax.—Twenty specimens were examined for the anthrax bacillus, all of which were from suspected cases of inalignant pustule, and in 3 the result was positive. The particulars of the positive cases were as follows:—

No. 1.—Male, aged 62, Wool and Waste Shaker, pustule on face (Dewsbury).

No. 2.—Male, aged 44, Blender, pustule on forehead (Dewsbury).

No. 3.—Male, aged 45, Wool Worker, pustule on hand (Batley).

Bovine Anthrax.—Two specimens of blood were examined for the anthrax bacillus, with negative results.

Water.—Ninety-one samples of water were examined, of which 35 were pure, 38 polluted and 18 of doubtful purity.

Cerebro-Spinal Fever.—Fifty-eight specimens of cerebro-spinal fluid were examined for the presence of the meningococcus. In 16 of these the meningococcus was found, which confirmed the diagnosis of cerebro-spinal fever; in 3 the tubercle bacillus was found, which showed that the disease was tubercular meningitis, and in 39 the result was negative.

Venereal Diseases.—The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 4,028. Of these 1,571 were made on behalf of the County Boroughs of Halifax, Dewsbury, Doncaster, Wakefield and Barnsley.

NATURE OF TEST.

District.	Specimens examined for			Total.	Cost to Authority.		
	Spirochaetes.	Gonococci.	Wassermann Reaction.				
					£	s.	d.
West Riding ...	8	769	1680	2457	—	—	—
Halifax ...	5	23	298	326	109	3	6
Dewsbury ...	—	233	110	343	73	9	0
Wakefield ...	2	18	283	303	100	11	0
Barnsley ...	—	—	248	248	86	16	0
Doncaster ...	1	140	210	351	84	0	0
Totals ...	16	1183	2829	4028	£453	19	6

In addition to the above sums for venereal disease examinations, £227 19s. 0d. was received from the County Boroughs of Dewsbury, Doncaster, Wakefield, Barnsley, and the Ministry of Health.

Post-mortems and Inquests.—Sixty-two examinations (pathological and post-mortem) were made by Dr. Sutherland at the request of West Riding Coroners, and in all except 20 evidence was given at the inquest.

The verdicts show the variety of causes of death:—

- No. 1. Ectopic pregnancy, rupture and hæmorrhage following abortion.
- No. 2. Disease of coronary arteries.
- No. 3. Toxic jaundice.
- No. 4. Toxic jaundice.
- No. 5. Thrombosis of iliac veins and vena cava.
- No. 6. Intestinal obstruction and false diverticula of intestine.
- No. 7. Chronic bronchitis and emphysema with cardiac failure.
- No. 8. Tuberculosis.
- No. 9. Pyæmia and septic endometritis following abortion.
- No. 10. Septicæmia following abortion.
- No. 11. Disease of coronary arteries.
- No. 12. Fatty heart, nephritis accelerated by labour.
- No. 13. Intestinal obstruction.
- No. 14. Still-born.
- No. 15. Meningitis.
- No. 16. Septicæmia.
- No. 17. Asphyxia due to violence to the larynx.
- No. 18. Miliary tuberculosis.
- No. 19. Suspected poisoning; result negative.
- No. 20. Silicosis.
- No. 21. Tumour of the brain.
- No. 22. Septicæmia.
- No. 23. Rupture of the uterus.
- No. 24. Hæmorrhage.
- No. 25. Broncho-pneumonia.
- No. 26. Suspected poisoning; result negative.
- No. 27. Septicæmia.
- No. 28. Cancer.
- No. 29. Ectopic pregnancy, rupture and sepsis.
- No. 30. Shock of operation and anæsthetic.
- No. 31. Drowning.

- No. 32. Septicæmia.
- No. 33. Septicæmia following abortion.
- No. 34. Fracture of vault and base of the skull (murder).
- No. 35. Silicosis.
- No. 36. Peritonitis, following pelvic cellulitis resulting from abortion.
- No. 37. Shock and fat embolism.
- No. 38. Peritonitis and cholecystitis.
- No. 39. Suspected poisoning; result negative.
- No. 40. No evidence of disease found.
- No. 41. Silicosis and tuberculosis.
- No. 42. Hanging (accidental).
- No. 43. Coronary artery disease and nephritis.
- No. 44. Cerebral tumour.
- No. 45. Suspected poisoning; result negative.
- No. 46. Carcinoma of the jaw.
- No. 47. Silicosis.
- No. 48. Electrocution.
- No. 49. Chronic interstitial nephritis.
- No. 50. Prolonged labour and shock.
- No. 51. Cirrhosis of the liver.
- No. 52. Disease of coronary arteries.
- No. 53. Septic arthritis and septicæmia.
- No. 54. Mitral stenosis.
- No. 55. Inattention at birth.
- No. 56. Advanced arterial degeneration.
- No. 57. Gastro-enteritis.
- No. 58. Pulmonary embolism.
- No. 59. Chronic adherent pericarditis and silicosis.
- No. 60. Inattention at birth.
- No. 61. Pulmonary thrombosis following injury to left knee.
- No. 62. Pelvic peritonitis and septicæmia.

Examinations made for the West Riding Police.—At the request of the Chief Constable 16 articles of clothing from cases of indecent assault were examined for blood and seminal stains. One sample of blood was also examined from a case of gas poisoning. Material was examined and evidence given by Dr. Sutherland in two cases of attempted criminal abortion, one of suspected infanticide, one of suicide and one of manslaughter.

A post-mortem examination was made in connection with a case of murder, and evidence was given by Dr. Sutherland at the Police Court and at the Assizes. A post-mortem examination was made and evidence given at the inquest on a case of accidental hanging.

An exhumation of a body of a boy suspected to have died from strangulation was made. Post-mortem examination showed that the cause of death was "Asphyxia due to violence to the larynx." Evidence was given by Dr. Sutherland at the local Police Court and at the Assizes.

Silicosis.—Material from 7 post-mortem examinations was submitted from suspected cases of silicosis. The lungs were examined microscopically, and 4 showed extensive silicosis, 2 tuberculosis, and 1 silicosis and tuberculosis.

Ophthalmia Neonatorum.—Sixteen specimens of pus from the eyes of infants suffering from ophthalmia, suspected to be of gonorrhœal origin, were examined, and in 6 the gonococcus was found.

Cytological Examination.—One hundred and thirty-seven blood examinations were made, including examination of blood films and estimation of number of white cells, red cells and hæmoglobin.

Food Poisoning.—Two samples were examined for food poisoning organisms, with negative results.

Mussels.—One consignment of mussels was examined and found to be polluted.

Tissue for Histological Examination.—Eighty-eight specimens of tissue were examined histologically, chiefly to determine the presence or absence of cancer, and the results are given below:—

HISTOLOGICAL SPECIMENS.

Source.	Number examined.	Found Cancerous.	Other Conditions.
Breast	13	7	6 simple tumours
Glands	11	—	8 tuberculosis and 1 Hodgkins' disease
Cervix	7	2	2 simple tumours
Uterus	6	—	3 simple tumours
Lung	6	—	4 tuberculosis
Spleen	4	2	
Ovary	3	3	
Jaw	3	2	
Rectum	3	1	
Liver	3	—	
Prostate	2	2	
Appendix	2	—	
Finger	2	—	simple tumours
Tonsil	2	2	
Heart	2	—	
Skin	2	—	
Kidney	2	—	
Scrotum	1	1	
Neck	1	1	
Face	1	1	
Chin	1	1	
Tongue	1	1	
Arm	1	1	
Leg	1	1	
Back	1	1	
Abdomen	1	1	
Other sources:— Pancreas, Hand, Thumb, Brain, Eye, and Intestine	6	—	simple tumours

Other Specimens.—The remaining specimens included the following: Urine for bacillus coli and other organisms, 312; sputum for sedimentation, 134; pus for organisms, 87; pleural fluid for organisms, 50; swabs for organisms, 38; sputum for organisms other than tubercle bacilli, 31; urine for urea estimation, 28; swabs for hæmolytic streptococci, 23; swabs for Vincent's bacillus and spirochætes, 17; blood for compatibility, 10; faeces for organisms, 9; blood sugar estimation, 5; chickens for the cause of death, 3; pus for tetanus, 1; spleen, 1; blood for B. abortus, 1; and 1 tapeworm.

LIST OF SANITARY DISTRICTS IN THE WEST RIDING SHOWING THE NUMBER OF
SPECIMENS RECEIVED FROM EACH DURING 1930.

<i>Urban Districts.</i>			<i>Urban Districts.</i>			<i>Urban Districts.</i>		
Adwick-le-Street	...	53	Keighley B.	...	181	Thurnscoe	...	47
Altofts	...	15	Kirkburton	...	19	Thurstonland and		
Ardsley, East and			Kirkheaton	...	11	Farnley Tyas	...	5
West	...	16	Knaresborough	...	23	Tickhill	...	2
Baildon	...	9	Knottingley	...	29	Todmorden B.	...	544
Barkisland	...	6	Lepton	...	9	Wath-upon-Dearne	...	220
Barnoldswick	...	51	Linthwaite	...	30	Whitley Upper	...	—
Batley B.	...	216	Luddendenfoot	...	22	Whitwood	...	3
Bentley-with-Arksey	...	60	Maltby	...	14	Wombwell	...	143
Bingley	...	240	Marsden	...	87	Worsborough	...	61
Birkenshaw	...	1	Meltham	...	26	Yeadon	...	16
Birstall	...	7	Methley	...	37			
Bolton-upon-Dearne	...	27	Mexborough	...	40			
Brighouse B.	...	92	Midgley	...	—	<i>Rural Districts.</i>		
Burley-in-Wharfe-			Mirfield	...	56	Barnsley	...	18
dale	...	32	Morley B.	...	672	Bishopthorpe	...	1
Calverley	...	16	Mytholmroyd	...	15	Bowland	...	48
Castleford	...	51	New Mill	...	50	Doncaster	...	80
Clayton	...	2	Normanton	...	48	Goole	...	9
Clayton West	...	2	Oakworth	...	24	Great Ouseburn	...	44
Conisbrough	...	47	Ossett B.	...	108	Halifax	...	1
Cudworth	...	22	Otley	...	107	Hemsworth	...	171
Darfield	...	15	Oxenhope	...	—	Hunslet	...	18
Darton	...	26	Penistone	...	29	Keighley	...	21
Denby and			Pontefract B.	...	54	Kiveton Park	...	73
Cumberworth	...	22	Pudsey B.	...	14	Knaresborough	...	13
Denholme	...	5	Queensbury	...	133	Pateley Bridge	...	9
Dodworth	...	21	Rawdon	...	8	Penistone	...	23
Drighlington	...	5	Rawmarsh	...	51	Pontefract	...	50
Earby	...	11	Ripon C.	...	28	Ripon	...	5
Elland	...	31	Rishworth	...	1	Rotherham	...	1792
Emley	...	6	Rothwell	...	41	Sedbergh	...	28
Farsley	...	59	Royston	...	3	Selby	...	22
Featherstone	...	85	Saddleworth	...	21	Settle	...	41
Flockton	...	—	Scammonden	...	5	Skipton	...	83
Garforth	...	6	Selby	...	48	Tadcaster	...	268
Gildersome	...	2	Shelf	...	5	Thorne	...	68
Golear	...	20	Shelley	...	5	Todmorden	...	10
Goole	...	15	Shepley	...	6	Wakefield	...	179
Greasbrough	...	—	Shipley	...	95	Wetherby	...	71
Greetland	...	18	Silsden	...	51	Wharfedale N.	...	30
Guiseley	...	12	Skelmanthorpe	...	9	Wharfedale S.	...	7
Gunthwaite and			Skipton	...	97	Wortley	...	76
Ingbirchworth	...	—	Slaitwaite	...	23	Barnsley C.B.	...	17
Harrogate B.	...	62	South Crosland	...	2	Dewsbury C.B.	...	73
Haworth	...	21	Southowram	...	—	Doncaster C.B.	...	702
Hebden Bridge	...	59	Sowerby	...	30	Wakefield C.B.	...	1080
Heckmondwike	...	47	Soyland	...	14	<i>Hospitals, &c.</i>	...	14198
Hemsworth	...	166	Spenborough—			<i>School Medical</i>		
Hipperholme	...	28	Cleckheaton	...	63	<i>Inspcctors</i>	...	46
Holme	...	—	Gomersal	...	10	<i>Central Staff</i>	...	532
Holmfirth	...	103	Liversedge	...	58	<i>Ministry of Health</i>	...	26
Honley	...	111	Springhead	...	9	<i>Venereal</i>		
Horbury	...	23	Stainland-with-Old			<i>Specimens</i>	...	4128
Horsforth	...	44	Lindley	...	24			
Hoyland Nether	...	91	Stanley	...	37	Total No. of Speci-		
Hoylandswaine	...	1	Stocksbridge	...	13	mens examined		
Hunsworth	...	—	Swinton	...	7	bacteriologic-		
Ilkley	...	398	Thurlstone	...	12	ally	...	30194

PART III.

MATERNITY AND CHILD WELFARE.

The personnel of a midwifery service is always a matter of supreme importance to the local supervising body. yet that body would appear at first sight to have little power to influence the composition of the midwifery profession. This anomaly is due to the evolution of this branch of medical work, and the fact that it is only of recent years that the development of public health work has extended its scope and come into supervisory relation with midwifery as practised by independent midwives.

The selection of candidates intending to practise midwifery and the offer of scholarships to approved candidates would seem to be the only means which a local authority has of controlling the personnel of the midwifery service and that could only be effective to a small extent, varying with the proportion of entrants so helped on their way by means of scholarships. The grant which is automatically paid to Nursing Associations for each midwife trained who is going to practise in the West Riding is not a factor in selection, as the midwives are trained and sent out to work and nothing is known of them until they notify their intention to practise. Yet, in spite of this haphazard recruitment (the cynic might say "because of it"), the members of the profession in general maintain a high standard of work, display a keen sense of their heavy responsibility, and discharge their duties (often ill-rewarded) with great zeal and efficiency. The few complaints against them—the few delinquents whose conduct brings them before the Central Midwives Board—show by their very paucity that a consistently high standard prevails. Quite recently, the formation of local branches of the Midwives Association, with a programme of lectures, has demonstrated a praiseworthy anxiety among the midwives to advance with advancing knowledge, and their attitude and response to the provision of a "refresher course" at Bingley Training College (the full report of which belongs to another year) evoked the admiration of those who lectured to them.

The recommendation of the Departmental Committee on the Training of Midwives suggests a "preliminary examination of an elementary kind for women who desire to enter the midwifery profession," but, while a general approval can be given to the principle, it is qualified by the proviso that the examination should not be too academic in character. The present course of training in itself, and the subsequent examination, which is of a searching character, tend to eliminate weaker candidates.

There have been from time to time suggestions that all midwives should have a general nursing training. The suggestion is at first sight attractive, but on reflection it seems that the time so allotted—three years for the general training and six months for the midwifery training—would not be spent in the best interests of the midwife as a midwife.

One of the schemes which have been considered hypothetically, but never put into practice, for the improvement of the midwifery service is to have a number of Maternity Homes under the County Council and to send selected practising midwives into these Maternity Homes for a period of a month or more. A refresher course of this practical nature has great possibilities.

MIDWIVES ACTS, 1902 TO 1926.

The County Council is the Local Supervising Authority under the Midwives Acts for the Administrative County.

The midwives who notified their intention to practise during 1930 number 621, classified as follows:—

Total No. of Midwives.	Trained.		Untrained or Bona-fide.
	Attached to District Nursing Associations.	Independent.	
621	248	299	74
	547		

The supervision is carried out by the County Medical Officer, his Assistants and two Inspectresses. Health Visitors make visits to the midwives and inspect their registers, books of forms and their bags. During the year, 853 visits of

inspection were made. One midwife was cautioned by the County Medical Officer for minor infringement of the Rules, three resigned on account of old age and infirmity, and two died.

Number of Births attended by Certified Midwives.—Midwives attended 14,282 births and 2,785 cases of confinement as Maternity Nurses, out of a total of 25,935 births registered, or 65·58 per cent.

The following table shows the number of births attended by midwives, and the percentage to the total births registered, compared with the previous two years:—

Year.	Births attended by midwives.	Total Births registered in County Area.	Percentage attended by midwives.
1928	17,181	26,966	63·69
1929	17,509	25,570	68·49
1930	17,067	25,935	65·58

The number of cases attended by individual midwives was as follows:—

Independent Midwives.	Midwives employed by Nursing Associations, etc.	Cases.
2	0	200 or over
30	2	100 to 200
27	6	75 to 100
50	10	50 to 75
49	58	25 to 50
73	119	5 to 25
40	35	Less than 5
14	65	No returns

The above table does not include 41 midwives residing in County Boroughs, and who only take occasional cases in the County Council's area. The cases where no returns have been made are due to the deaths of midwives, resignations, midwives only taking temporary duties, and midwives who have left the district.

Midwives' Fees—Necessitous Cases.—Under the County Council's scheme for contributing to the payment of midwifery fees in necessitous cases 930 claims were received, and the sum of £2,181 10s. 0d. was paid to midwives in respect of 2,181 patients.

Summary of Records received from Midwives.—According to the Rules of the Central Midwives Board the midwife must notify the Local Supervising Authority:—

1. In all cases in which she sends for medical help.
2. When death of mother or child occurs.
3. When still-birth occurs.
4. When she lays out a dead body.
5. When she is liable to be a source of infection.
6. When artificial feeding is substituted for breast-feeding.

The following table summarises the records received from midwives during the year 1930, and compares them with similar records for previous years:—

	1928.	1929.	1930.
Records of sending for Medical help ...	3595	3976	4880
Deaths of (a) Mother	11	16	18
(b) Child	79	99	134
Still-births (a) Males	170	194	178
(b) Females	162	153	142
Laying out the dead	34	28	37
Liability to be a source of infection ...	114	141	122
Substitution of artificial feeding for breast-feeding	115	121	123

Medical Help Records.—The number of copy medical help records received from midwives during the year was 4,880 or 28·6 per cent. of the cases attended.

The following table shows the nature of the cases in which medical help was sought, classified according to the Rules of the Central Midwives Board:—

RULE E.21(1).							
Death of Mother ... ..	...	...	0	Death of Baby ... ..	...	...	6
RULE E.21(2)—PREGNANCY.							
Ante-partum Hæmorrhage ...	...	165		Purulent Discharge ... ..	...	...	5
Abortion or Miscarriage ...	...	222		Phlebitis ... ..	...	...	20
Eclampsia ... ..	...	14		Hydramnios ... ..	...	...	6
Albuminuria ... ..	...	96		Miscellaneous ... ..	...	...	164
Oedema ... ..	...	38					
RULE E.21(3)—LABOUR.							
Adherent Placenta ... ..	...	121		Breech Presentation ... ..	...	...	115
Placenta Praevia ... ..	...	20		Undefined do. ... ..	...	...	58
Ruptured Perineum ... ..	...	933		Transverse do. ... ..	...	...	19
Ruptured Vagina ... ..	...	5		Funis do. ... ..	...	...	30
Premature Labour ... ..	...	39		Face do. ... ..	...	...	18
Prolonged Labour ... ..	...	880		Hand do. ... ..	...	...	11
Obstructed Labour ... ..	...	143		Foot do. ... ..	...	...	14
Uterine Inertia ... ..	...	162		Occipito-Posterior do. ... ..	...	...	53
Contracted Pelvis ... ..	...	52		Purulent Discharge ... ..	...	...	2
Rigid Os ... ..	...	19		Eclampsia ... ..	...	...	14
Collapse ... ..	...	33		Miscellaneous ... ..	...	...	66
Prolapse Cervix ... ..	...	4					
RULE E.21(4)—LYING-IN.							
Post-partum Hæmorrhage ...	...	138		Pyrexia ... ..	...	...	157
White Leg ... ..	...	22		Mastitis ... ..	...	...	25
Purulent Discharge ... ..	...	3		Rigor ... ..	...	...	1
Miscellaneous ... ..	...	96		Oedema ... ..	...	...	4
Phlebitis ... ..	...	5		Albuminuria ... ..	...	...	2
Eclampsia ... ..	...	1					
RULE E.21(5)—THE CHILD.							
Injuries at Birth ... ..	...	3		Miscellaneous ... ..	...	...	46
Hydrocephalus ... ..	...	2		Hare Lip and Cleft Palate ...	...	...	12
Twins and Triplets ... ..	...	16		Spina Bifida ... ..	...	...	21
Other Malformations ... ..	...	36		Still-Birth ... ..	...	...	45
Pemphigus ... ..	...	7		Inflammation of Eyes ... ..	...	...	226
Convulsions ... ..	...	25		Prematurity ... ..	...	...	133
Dangerous Feebleness ... ..	...	208		Phimosi ... ..	...	...	38
Septic Spots ... ..	...	12		Rash ... ..	...	...	2
Icterus Neonatorum ... ..	...	22		Hæmorrhages ... ..	...	...	17

Doctors' Fees in Emergency Cases.—The claims paid to doctors for their attendance upon cases of emergency under the Midwives Act, 1918, amounted to £5,536 13s. 6d.

Still-Births.—The number of still-births notified by midwives was 320 (178 males and 142 females), or 1·87 per cent. of the total births attended by them.

The following table gives the number of still-births attended by midwives, and the percentage to total births attended by them, compared with previous years:—

Year.	Number of Births attended by midwives.	Number of Still-Births notified.	Percentage of Still-Births to Births attended.
1928	17,181	332	1·93
1929	17,509	347	1·98
1930	17,067	320	1·87

The following table shows the duration of pregnancy and sex of the 320 still-births notified by midwives:—

Duration of Pregnancy.	Number of Still-Births.		
	Males.	Females.	Total.
6—7 months	10	12	22
7—8 „	33	42	75
8—9 „	34	26	60
9 „	101	62	163
Totals	178	142	320

The 163 still-born babies reaching full period are classified as follows:—

Macerated	74
Malformed	10
Breech Presentations	18
Complicated Head Presentations	10
Uncomplicated Head Presentations	33
Feet and Other Presentations	5
Born before arrival of midwife	12
Multiple Pregnancies	1
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Laying out of a Dead Body for Burial.—During the year 37 dead bodies were prepared for burial by midwives, and in accordance with Rules E.6 and 18 of the Central Midwives Board, each midwife had to undergo adequate cleansing and disinfection before she was allowed to resume her midwifery duties.

Liability to be a Source of Infection.—The number of notifications of liability to be a source of infection received from midwives was 122, compared with 141 for the previous year.

The following table shows the cases of infection with which midwives came into contact:—

Puerperal Fever and Pyrexia	74
Scarlet Fever	17
Enteric Fever	5
Erysipelas	3
Diphtheria	4
Smallpox	3
Pemphigus Neonatorum	6
Other cases of infection	10

During the year 22 midwives were suspended from midwifery practice for periods exceeding 24 hours owing to contact with cases of infectious disease or themselves being a source of infection.

Compensation to Midwives.—In accordance with Section 2, sub-section 1, of the Midwives Act, 1926, the sum of £43 11s. 0d. was paid to 11 midwives for the loss of cases during suspension from practice for disinfection purposes.

Substitution of Artificial Feeding for Breast Feeding.—The number of notifications received was 123, or 0·72 per cent. of cases attended.

The cases which led to the substitution of artificial feeding for breast feeding are given in the following table:—

Phthisis of mother	9
Mother to return to work (illegitimate babies 100%)	9
On doctor's orders	19
Mastitis	2
Cleft palate and hare lip	2
Twins	1
Refusal of mother	6
Admission of mother to hospital	2
Agalactia (lack of milk)	32
Retracted nipples	12
Anæmia and illness	17
Miscellaneous	11
Death of mother	1
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Training of Midwives.—At the present time the County Council are not training midwives, but in accordance with Circular 559 of the Ministry of Health, dated the 27th February, 1925, the sum of £150 was paid to the West Riding County Nursing Association for the provision of 5 newly-trained nurse-midwives to serve the areas of Elland U.D. (2), Otley U.D., Ledston (Tadcaster R.D.), and Sitlington (Wakefield R.D.).

Compensation to Midwives.—During the year the Ministry of Health approved a scheme for the payment of compensation to midwives, whose patients, after being referred to an ante-natal clinic of a Local Authority, had, for medical reasons, been admitted to a maternity home, and in cases where a midwife had called in a medical practitioner in accordance with the Rules of the Central Midwives Board, and the patient had been sent to a maternity hospital by such medical practitioner. A fee of 15 — per case was approved.

The sum of £73 10s. 0d. was paid in respect of 98 patients who were removed into hospital.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.—The following table gives the special services provided by the County Council under the above Regulations, together with the cost of such services to the County Council:—

				Cases.	Amount.		
					£	s.	d.
Hospital Treatment	...	...	92	...	1096	12	4
Ambulance Charges (11 cases)	...	...	—	...	13	8	8
Domiciliary Nurse	...	...	1	...	31	10	0
Consultant Obstetrician	...	...	7	...	32	4	0
				100	£1173	15	0

The County Council have arrangements with the undermentioned Consultant Obstetricians, whose services are available on request:—

Name.	Qualifications.	Residence.
Basil Hughes	M.A. (Camb.), M.B., B.Ch., B.Sc., F.R.C.S., M.R.C.S., L.R.C.P.	Bradford
W. Moir Shepherd	M.D., M.B., Ch.B., F.R.C.S., D.T.M. and H.	Doncaster
Carlton Oldfield	M.D., M.B., B.S., F.R.C.S., M.R.C.S., F.R.C.P.	Leeds
Herbert Frankling	M.R.C.S., L.R.C.P.	Harrogate
Wm. D'Oyly Grange	M.D., M.B., C.M.	Harrogate
John Chisholm	F.R.C.S., M.B., Ch.B.	Sheffield
Wm. Wilfrid King	M.R.C.S., L.R.C.P., F.R.C.S., M.B., Ch.B.	Sheffield
John Eric Stacey	M.D., M.B., B.S., F.R.C.S.	Sheffield
Miles Harris Phillips	M.B., B.S., F.R.C.S., M.R.C.S.	Sheffield
John W. Thomson	M.B., C.M., M.A.	Wakefield
Arthur R. Lister	M.A., M.B., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P.	York

Ophthalmia Neonatorum.—The following table shows the number of cases of ophthalmia neonatorum reported in the whole of the Administrative County during the last three years:—

1928	1929	1930
129	121	108

The details of the cases reported upon in the County Notification of Births Area, in accordance with the instructions issued by the Ministry of Health (Circular 648, p. 12) are shown in the following table:—

Cases.						
Notified.	Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
46	34	12	44	2	—	—

The Nursing Homes Registration Act, 1927.—The above Act came into force on the 1st July, 1928, and repealed Part II of the Midwives and Maternity Homes Act, 1926, which dealt with the registration of Maternity Homes.

Under the Nursing Homes Registration Act, 1927, all Nursing Homes are required to be registered by the Local Supervising Authority under a penalty not exceeding £50 on summary conviction.

The following table gives the number and classification of Homes registered by the County Council during the year:—

- 5 Nursing Homes (including Maternity cases).
- 5 Maternity cases only.
- 2 Maternity and Medical cases only.

The number of registered Nursing Homes in existence at the end of the year was 68.

During the year one application for Exemption from Registration was granted.

One Local Authority asked the County Council under Section 9, Sub-Section 2, of the Nursing Homes Registration Act, 1927, to delegate to them the duties imposed by this Act, but their request was not granted.

MATERNAL MORTALITY.

In December, 1930, the Ministry of Health issued Circular 1167 and Memorandum 156/M.C.W. on the question of Maternal Mortality.

The Circular draws attention to the Interim Report of the Departmental Committee on Maternal Mortality and Morbidity which has recently been published.

The Government have considered the recommendations made by the Committee for removing the causes of preventable maternal death, and have decided to undertake the necessary negotiations with the various Authorities concerned, with a view to formulating a scheme on a national basis for the care of maternity, which would provide the services suggested by the Committee. The Report makes it clear that two of the essential measures for securing a reduction in maternal mortality are:—

1. General and sustained efforts to enlighten the women of the country as to the importance of Ante-natal supervision.
2. The improvement and expansion, where necessary, of the maternity services of Local Authorities, which must form an important part of any national scheme.

The Report of the Departmental Committee is the result of their investigation into 2,000 deaths of women in childbirth during the two years, and the four primary avoidable causes in the train of events which led up to a fatal issue are:

1. 17%—Absence of Ante-natal Care.
2. 17%—Errors of judgment in practice or treatment by doctors or midwives.
3. 5%—Lack of reasonable facilities available for effective medical care.
4. 9%—Negligence of the patient or her friends to adopt or carry out medical advice offered to them.

Thus not less than 48% of the total deaths from childbirth into which enquiry was made seemed to the Committee to have been avoidable.

The Ministry therefore urge Local Authorities to direct renewed attention to the matter.

In the West Riding the ratio of deaths of women in childbirth have always exceeded those of England and Wales, as shown in the following table:—

MATERNAL AND INFANT MORTALITY.

Year.	Deaths per 1,000 births.						Infant Mortality Rate.	
	Puerperal Sepsis.		Other Puerperal Causes.		Total Puerperal Mortality.			
	E. & W.	Admin. County.	E. & W.	Admin. County.	E. & W.	Admin. County.	E. & W.	Admin. County.
1919	1.67	1.51	2.70	3.17	4.37	4.68	89	100
1920	1.81	2.14	2.52	3.12	4.33	5.26	80	92
1921	1.38	1.33	2.53	3.71	5.91	5.04	83	97
1922	1.38	1.57	2.43	2.59	3.81	4.16	77	81
1923	1.30	1.74	2.51	2.58	3.81	4.32	69	81
1924	1.39	1.58	2.51	2.99	3.90	4.57	75	83
1925	1.56	1.88	2.52	3.24	4.08	5.12	75	81
1926	1.60	1.66	2.52	3.15	4.12	4.82	70	73
1927	1.57	1.71	2.54	3.47	4.11	5.18	70	79
1928	1.79	2.11	2.63	3.34	4.42	5.45	65	62
1929	1.80	2.27	2.53	2.97	4.33	5.24	74	89
1930	1.92	2.43	2.48	3.82	4.40	6.25	60	65

A report was prepared and submitted to the Child Welfare Sub-Committee comparing the services provided by the County Council, with recommendations contained in Memorandum 156/M.C.W. of the Ministry of Health, and a Special Sub-Committee was appointed to consider the report in detail and make recommendations, and the report is still under consideration.

AREAS INADEQUATELY SUPPLIED WITH MIDWIVES.

Much attention is still being given to maintain and provide an efficient midwifery service in the Riding, and during the year re-arrangements of areas served by District Nursing Associations were made, consideration given to applications for increased grants to provide motor transport for the nurse, and the following Nursing Associations were dealt with:—

Hensall and Pollington.—This Association undertake, on behalf of the County Council, the work of health visiting, school nursing and midwifery, in addition to district nursing, in the Parishes of Balne, Heck and Hensall (Pontefract R.D.) and Gowdall and Pollington (Goole R.D.). The Association commenced work in April, 1928, and for a period of two years, to enable the Association to be put on a sound financial basis, the County Council made a grant of 50 per cent. of the approved expenditure of the Association, and during the two years the total grants paid to this Association amounted to £169 8s. 11d.

At the end of this period, further consideration was given to the question of grant, and this was fixed at £40 per annum.

Kirkby Overblow.—This Association undertake the work of health visiting, school nursing and midwifery, in addition to district nursing, in the Parishes of Dunkswick, Weeton, Kirkby Overblow, Rigton, Sicklinghall and Kereby-w-Netherby, in the Wetherby Rural District, serving a total population of 1,678. The grant paid to the Association was £20 16s. 0d. per annum, and this was increased to £40 per annum on condition that the Association revised their charges for maternity nursing and midwifery to £1 and £1 10s. 0d. respectively.

Ouseburn.—The Ouseburn Nursing Association, which covers an area of 23 miles and includes seven villages, applied for a grant towards the cost of running the nurse's car, and the grant paid by the County Council was increased by a sum of £10 for one year, on condition that the extra £10 is paid to the nurse towards the expense of running her car.

Ripon Rural District.—During the year the nurse employed by the Bishop Monkton and Littlethorpe Nursing Association resigned, and as the Association did not propose to appoint another nurse, this rendered possible a re-arrangement of the nursing areas in the Ripon Rural District. In consequence the grant of £15 payable to the Association under the Scheme made under Section 101 of the Local Government Act, 1929, lapsed.

A re-arrangement of the following nursing areas was effected, as under, from the 1st July, 1930:—

The parish of Bishop Monkton was taken in by the Burton Leonard Nursing Association, and the parish of Littlethorpe was taken over by the Sharow District Nursing Association.

Seissett and Clayton West.—During the year, the Seissett and Clayton West Nursing Associations amalgamated and took over the work in the High Hoyland parish previously undertaken by the Bretton and Woolley District Nursing Association.

West Riding County Nursing Association.—In the report of the County Superintendent it is stated that five new districts and two of the existing "Queen's" Districts became affiliated to the County Association. There are now 114 affiliated districts, 56 of these being also affiliated to the Queen's Institute of District Nursing. These Associations employ 145 nurses, of whom 73 are Queen's nurses, 34 trained nurse-midwives, and 38 village nurse-midwives.

Of these nurses 44 are undertaking the combined duties of midwifery, general nursing, health visiting and school nursing; 68 nurses midwifery and general work only, and 33 nurses general work only.

The nurses attended 3,084 midwifery and maternity cases, and have made:—

12,949 Pre-natal visits.
44,782 Midwifery and maternity visits.
17,218 Infant health visits.
5,046 School visits.

Increased evidence of the efforts now being made to reduce the maternal death-rate is shown in the increase of the number of pre-natal visits (659) over the year 1929.

GRANTS TO NURSING ASSOCIATIONS—LOCAL GOVERNMENT ACT, 1929.

Section 101 of this Act deals with grants to Voluntary Associations, and provides for securing payment by the County Council of annual contributions towards the expenses of Voluntary Associations providing Maternity and Child Welfare services in the County according to the above Act.

The payments made under this Scheme are in lieu of the grants which ceased to be payable as from the 31st March, 1930, and which were formerly paid by the Ministry of Health.

Grants for the year 1930–31, based on work carried out during 1929–30, were paid amounting to £2,418 3s. 7d., to the undermentioned Voluntary Associations:

Out of this sum a grant of £1,048 2s. 6d. was paid to the West Riding Nursing Association, and allocated as follows:—

	£	s.	d.
For distribution to Affiliated Nursing Associations ...	824	6	0
For retention by the West Riding Nursing Association ...	223	16	6

The latter sum is sub-divided at the discretion of the County Nursing Association between:—

- (a) Maternity work of the emergency nurse-midwives.
- (b) Initial expenses of new District Nursing Associations.
- (c) Administrative expenses of the County Nursing Association.

(1)		(2)		
Name of Association.		Amount of Annual Contribution.		
		£	s.	d.
Midwifery Services.				
West Riding County Nursing Association, 9, Bridgefield Place, Leeds		1048	2	6
Aldborough and Boroughbridge and District		31	8	0
Arthington and Pool		16	0	0
Bentham		12	0	0
Boston Spa and Thorparch		8	0	0
Bretton and Woolley		12	0	0
Burton Leonard		8	0	0
Cantley		17	16	0
Darrington		15	0	0
Denaby Main and Conisbrough		8	0	0
Denby and Cumberworth		21	4	0
Emley		22	16	0
Greasbrough		10	0	0
Hampsthwaite		20	0	0
Harrogate		25	0	0
Heckmondwike		10	0	0
Hensall and Pollington		9	19	5
Hipperholme and District		12	0	0
Holme Valley Memorial Hospital		8	0	0
Horsforth		8	0	0
Hunsingore		17	4	0
Killinghall		26	0	0
Kirkby Malzeard		32	0	0
Kirkburton		10	0	0
Knaresborough		15	0	0
Ledsham and Ledston		14	8	0
Long Marston		10	16	0
Luddendenfoot Nursing Institution		12	0	0
Micklefield		10	16	0
Mirfield		16	0	0
Meltham		9	0	0
Mytholmroyd		8	0	0
North Stainley		28	0	0
Oakworth		10	8	6
Otley		13	0	0
Ouseburn and District		27	12	0
Pannal and Beekwithshaw		16	0	0
Rawcliffe		3	4	0
Rawdon		7	0	0
Rawmarsh and Parkgate District		21	11	3
Ribblesdale Benefit		20	0	0
Ripon Victoria Nursing Institution		25	0	0
Sawley		35	0	0
Scissett		7	0	0
Sedbergh		24	0	0
Settle		12	0	0
Sharow		28	0	0
Sitlington		7	16	0
South Crosland		5	8	0
South Elmsall and District		15	0	0
Sowerby		23	0	0
Spofforth		10	0	0
Stanningley and Farsley		12	0	0
Steeton and Eastburn		9	0	0
Thurgoland		10	0	0
Tickhill		10	0	0
Todmorden		23	0	0
Upper Wharfedale		20	0	0
Walton and Heath		11	4	0
Whitley Bridge		14	8	0
Wetherby and District		20	0	0
Yeadon		5	0	0
Infant Welfare Centres.				
Bentham Infant Welfare Centre—St. Margaret's Sunday School, Robin's Lane, Bentham		5	4	7
Settle Nursing Association, 3 Centres—The Public Hall, Horton-in-Ribblesdale; Cricket Pavilion, Settle; The Hellifield Institute, Hellifield		14	6	0
Maternity Homes.				
Heckmondwike District Nursing Association—Maternity Home at 43, Cemetery Road, Heckmondwike		214	4	11
Babies' Home.				
St. Agnes Babies' Home, Harrogate		206	6	5

MATERNITY HOMES.

As the result of recent legislation the West Riding County Council have before them an extensive field for the development of health and social services. These functions are being administered by various Committees of the Council, by far the greater portions falling to the lot of the Public Assistance and Public Health and Housing Committees.

One of the most urgent questions calling for early attention is that of hospital accommodation. Under this heading has to be considered:—

- (a) General Hospital Services.
- (b) Infectious Diseases Hospitals.
- (c) Maternity Hospitals.
- (d) Tuberculosis Sanatoria and Hospitals.
- (e) Orthopædic Hospitals.
- (f) Children's and Babies' Hospitals.
- (g) Convalescent Homes for Mothers and Infants.

Inseparably associated with one or other of the foregoing are:—

- (1) Institutions for Treatment of Venereal Diseases.
- (2) Child Welfare Clinics and Ante-Natal Clinics.
- (3) School Medical Clinics.
- (4) Tuberculosis Clinics.

The problem of maternal mortality has been engaging the attention of the West Riding Public Health and Housing Committee for some time, and as the result of frequent reports upon adverse housing and economic conditions under which confinements are taking place in the Riding, it has been decided to submit proposals to the County Council which shall have as their object the alleviation of much suffering, and the avoidance of sickness and loss of life.

The main finding in the Report of the recent "Departmental Committee on Maternal Mortality" which investigated the cause of death of 2,000 women who died in child birth, was " . . . of the cases of death brought to our notice not less than one half were preventable." The position in the West Riding appears to be more serious than the average for the whole of the country, for whereas the number of deaths of women in child birth per thousand births for England and Wales is 4.40, that for the Administrative County is 6.25.

One of the most important recommendations of the Departmental Committee concerns the provision of institutional accommodation. Up to the present time the County Council has relied to a very large extent for its quota of maternity beds on other Local Authorities and private individuals. With the passing of the Local Government Act, however, the County Council is required to survey and develop, where necessary, a variety of medical health and social questions, and with any re-organisation it is desirable, in the interests of efficiency and economy, that a broad view of health matters be taken so that duplication or overlapping and needless expenditure will be avoided.

The maternity hospital question is one which will require careful handling, for there are so many issues involved. From the point of view of the patient there has to be considered the ante-natal period, the normal case, the abnormal case, the infectious case, overcrowding in the patient's home, and illegitimacy.

In regard to the building it is desirable that any new accommodation to be set up will be placed at a central point, and the most accessible for the population to be provided; and it will be advantageous to have a larger unit serving a wide area than to erect a number of small homes involving multiplicate staffs. Bearing these principles in mind, it is then necessary to consider what is the most satisfactory type of building to aim at. The Public Health Committee has made inspections of several properties—large houses, halls, etc.—which have been "for sale" from time to time. In almost every instance it has been decided that these buildings were definitely unsuitable for reasons of age, cost of adaptation, inconvenient site, etc.

As a general rule, for a scattered County Area, the provision of a maternity hospital as part of a general hospital is likely to be the ideal method. The advantages of this arrangement are obvious by reduction of overhead charges, the avoidance of duplicate medical, surgical, nursing, and domestic staffs, and ambulance services.

The up-to-date general hospital is usually equipped with a Gynæcological Department, having beds and an out-patient section. An ante-natal clinic might well be established in connection with such a department, while in addition such a department is almost an essential for the proper management of the abnormal case. In regard to the infectious case, it is customary to have an isolation block, but here again the possibility in many instances of utilising the local infectious diseases hospital should not be lost sight of. With the greater knowledge of recent years of the cause and prevention and relative infectivity of the infectious diseases, there has taken place a gradual change in the outlook and thence in the utilisation of these institutions. There is a much greater tendency nowadays to admit patients to "Fever Hospitals" for curative rather than for preventive reasons. Thus there is a tendency for admissions of mild scarlet fever and diphtheria to be replaced by the entrance of cases of acute pneumonia, broncho-pneumonia supervening on measles and whooping cough, infantile diarrhoea, puerperal fever, etc. It will be within the knowledge of the Council that patients suffering from the diseases referred to are frequently nursed in general hospitals (both "Voluntary" and "Poor Law"), while in addition provision is usually made for a limited number of normal maternity cases. The County Council is required to prepare a scheme at an early date for the grouping of infectious diseases hospitals and the extension of accommodation where necessary. It will be important to ensure that extensions or new buildings are made where most convenient, and that the best use is made of existing accommodation for the treatment of different diseases, having regard to the identical use to which the different types of County Hospital are being put in many cases. A similar position arises in the case of tuberculosis, where, by the transference of selected cases of this disease from the County Hospitals to the County Sanatoria, a better use may be made of available beds in areas where, for example, there is a dearth of maternity accommodation.

The position of County districts in the neighbourhood of County Boroughs needs to be considered; the latter will be negotiating with voluntary hospitals in their respective areas with the object of fixing some working arrangement for the nursing of the sick. The County Council will be affected by such negotiations, for at present these hospitals are used for West Riding as well as County Borough cases, and the convenience, terms and service by these Authorities on behalf of the County Council are generally very satisfactory. It is safe to say, in fact, that the maternity service—for the abnormal case—which is provided by the hospitals of the larger Authorities could only be replaced by the County Council at a prohibitive cost.

The case of Rotherham illustrates the action which may be anticipated by other Authorities. In this town, owing to the greater demand for maternity hospital treatment, the pressure upon the existing accommodation became so great that the right of user by the County Council had to be terminated.

The Child Welfare Committee is at present directing its attention more particularly to the maternity hospital requirements of the South Yorkshire area, including the Doncaster, Penistone, and Wortley Rural Districts, and the Urban Districts of Penistone, Rawmarsh, and Stocksbridge, where a demand much in excess of available beds has arisen. The existing accommodation serving these districts is as follows:—

District.	Population.	No. of births (average 3 years).	Institution.		
			Name.	No. of maternity beds.	No. of W.R. cases admitted during 1930.
Hoylandswaine U.	856	13	Nil. Cases do go into the Jessop Hospital, Sheffield, under the 1d. in the £ scheme.		
Thurlstone U. ...	2569	32			
Penistone U. ...	3733	57			
Stocksbridge U. ...	9638	172			
Penistone R. ...	5554	89			
Wortley R. ...	29730	450			
	52080	813			
Maltby U. ...	9661	253	Nil	—	—
Rotherham R. ...	39090	851			
Kiveton Park R. ...	17730	345			
	66481	1449			
Adwick-le-Street U.	19230	487	Edenfield Maternity Home, Doncaster (private).	40	355
Bentley U. ...	16320	304			
Doncaster R. (pt.)	32340	837			
Thorne R. ...	24680	821			
	92570	2449			
Bolton-on-Deane U.	15190	321	County Maternity Home, Montagu Hospital	10	226
Conisbrough U. ...	18460	486			
Darfield U. ...	5487	106			
Greasbrough U. ...	3623	66			
*Mexborough U. ...	16380	292			
Rawmarsh ...	18560	363			
Swinton ...	13970	267			
Thurnscoe ...	10080	252			
Wath-upon-Deane	13880	279			
*Wombwell ...	20050	302			
Doncaster R. (pt.)	12340	280			
	148020	3014			
Grand Total ...	359151	7725		50	581

* This figure includes 59 cases from Mexborough, 22 from Bolton-on-Deane and 4 from Wombwell Urban Districts, where the local Councils are the Authority for administering the Maternity and Child Welfare Act.

JESSOP HOSPITAL FOR WOMEN, SHEFFIELD.

This Maternity Hospital serves a very large population in South Yorkshire, and the majority of patients admitted are under the "1d. in the £" scheme. Approximately 100 patients from the West Riding area are admitted annually under this scheme, for which, of course, the County Council do not contribute. On many occasions requests have been made for the admission of patients under the County scheme, but the accommodation has always been fully occupied, and other arrangements have been necessary. On one occasion they could not accept even an emergency case.

DONCASTER (EDENFIELD PRIVATE MATERNITY HOME).

This home is situate in Thorne Road, Doncaster, and is equipped with 40 beds. The home serves a wide and populous area (approximately 92,000), and 355 patients were admitted under the County Scheme in 1930. It has been suggested several times "why confine patients to this one home in Doncaster," but other schemes have been explored without success. The home known as Hamilton Lodge, belonging to the Doncaster Corporation, only accepts normal cases. In fact, some abnormal cases from this home are sent into Edenfield.

The work done at Edenfield has been uniformly good. There have been few deaths, except in cases of patients moribund on admission. No complaints have been received from patients who have been in the home. Some 95 per cent. of the admissions are abnormal cases sent in emergency.

COUNTY MATERNITY HOME, MONTAGU HOSPITAL.

The County Maternity Home at Mexborough serves a wide and populous area and including the three autonomous areas for Maternity and Child Welfare (Bolton-on-Deane, Mexborough and Wombwell), who have an agreement to send in cases to the home, the total population served is approximately 148,020. At present the home is equipped for ten beds and the County Council have approved a scheme to equip the other ward with a further ten beds, and this is held up owing to the difficulty in housing the extra nursing staff required for this additional ward. At one period the bookings were so heavy that it was found necessary to inform the three Councils sending in patients that all available beds were booked up and patients had to be diverted to the Edenfield Maternity Home at Doncaster. A short while ago, when several emergency cases were sent in, as many as 15 beds were occupied. It will thus be seen there is urgent need to find some solution whereby the other ward of ten beds can be put into commission without much further delay.

Areas with Inadequate Accommodation.

Discounting the accommodation at the Jessop Hospital, it will be noted that at the Montagu Hospital and at Edenfield we have the use of a total of 50 beds. In the case of the Montagu Hospital this arrangement may be terminated by three months' notice, while the owner of the private home (Edenfield) may determine her contract with the County Council at any time.

An approximate estimate of the proportion of confinements needing treatment in Maternity Homes in the South Yorkshire area is 20 per cent. (roughly 1,545 per annum). The accommodation necessary for this number would be approximately 70 beds, and to this should be added a further 14 beds for emergency cases. As has been stated, however, the demand for maternity home treatment is still increasing, and therefore provision should be made for future expansion.

Summarising, it would appear advisable, having regard to the various considerations set out above, for the Public Assistance and Public Health Committees to have some agreed policy for future provision for maternity cases. It is considered that a general discussion upon the hospitals question as to sorting out of different cases of diseases (e.g., Maternity, puerperal fever, tuberculosis, erysipelas, diarrhoea, etc.); as to the future use and extension of existing accommodation; and as to proposals of either Committee for the erection and location of new hospitals might provide information which would be useful to both Committees.

A joint meeting was held of representatives of the Public Assistance and Public Health and Housing Committees, appointed to confer as to the provision

of maternity home accommodation in the County, particularly with regard to the South Yorkshire area, and after reviewing the possibility of utilising accommodation at public institutions, consideration of action was adjourned in view of the fact that the Public Assistance Committee have not considered the re-organisation of Public Assistance Institutions on the recent survey made by the County Architect, nor the policy to be adopted in regard to the treatment of maternity cases in Public Assistance Institutions, and as to the accommodation which may be available in such institutions for the treatment of maternity cases.

In addition to the South Yorkshire area, three other areas are not fully served with rate-aided maternity home accommodation, and these are set out below:—

Area.	Districts.	Est. Pop.	Births, 1930.
No. 1	Sedbergh R.D.	54,690	777
	Settle R.D.		
	Skipton R.D.		
	Silsden U.D.		
	Skipton U.D.		
No. 2	Hebden Bridge U.D.	29,277	376
	Mytholmroyd U.D.		
	Sowerby U.D.		
	Todmorden R.D.		
No. 3	Selby U.D.	15,748	287
	Selby R.D.		

AREA No. 1.—SKIPTON, SETTLE AND SEDBERGH DISTRICTS.

In these districts the population is scattered over a very large area, with no Maternity Home within reasonable distance, the nearest being Bradford, Keighley or Leeds. At Sedbergh, the local Nursing Association employ a midwife, but special cases have to be sent in by the doctors to the Kendal Hospital, a distance of 12 miles. At Settle, the local Nursing Association employ two midwives, and there is also a private Maternity Home in Settle, registered for two beds. In Skipton Rural the Addingham, Cowling, Glusburn and Upper Wharfedale Nursing Associations employ midwives.

The Poor Law Institutions at Skipton and Giggleswick do not offer any facilities to provide suitable maternity accommodation for this area.

Other schemes were explored, and it was ascertained that the Skipton and District Hospital Committee were considering, as an extension of the Hospital, the provision of maternity beds. At the time of writing this report representatives of the Hospital Committee have conferred with members of the Child Welfare Sub-Committee, and in all probability a scheme for the provision of a maternity ward for six beds will be carried out. This would serve a population 54,690, with about 777 births annually.

AREA No. 2.—HEBDEN BRIDGE, MYTHOLMROYD AND TODMORDEN RURAL.

The number of births in these districts does not warrant making special provision for maternity cases, but the admissions (37 in 1930) at St. Luke's Hospital, Halifax, which is a Poor Law Institution, and which serves 14 districts in the Halifax Union, points to the fact that beds provided in these Institutions are unpopular with the majority of mothers. This points to the need for some other provision to serve the whole of the Calder Valley, and a home of six beds at Sowerby Bridge would meet a distinct want.

AREA No. 3.—SELBY URBAN AND RURAL DISTRICTS.

All patients from these two districts at present have to travel to the York Maternity Home at Acomb, and a better plan would be to approach the Governors of the local Cottage Hospital and see if some suitable arrangement could not be made for the provision of two or three maternity beds.

Patients Admitted to Maternity Homes.

The following table gives particulars regarding the admission of patients to Maternity Homes during 1930:—

Name of Municipal Authority or Hospital Committee.	No. of Maternity Beds in Institution.	No. of patients admitted from C.C.'s area during 1930.	Deaths of Mothers.	Deaths of Infants.	Still-Births.	Fees of Home per week.		
						£	s.	d.
1. Barnsley Corporation ...	7	19	—	—	2	3	3	0
2. Batley Corporation ...	10	11	—	—	—	3	0	0
3. Blackburn Corporation ...	19	1	—	—	—	4	14	6
4. Bradford Corporation ...	60	41	—	2	6	2	16	0
5. Castleford U.D.C. ...	6	44	—	2	—	4	4	0
6. Colne Corporation ...	8	15	—	1	—	3	3	0
7. County Maternity Home, Montagu Hospital, Mexborough	10	226*	4	4	14	3	7	6
8. Doncaster, Edenfield, Private	40	355	5	5	18	3	3	0
9. Goole U.D.C. ...	4	8	—	—	—	3	3	0
10. Halifax, St. Luke's Hospital	30	37	—	2	1	2	12	6
11. Harrogate Infirmary ...	—	8	1	—	—	3	3	0
12. Heckmondwike Nursing Association	5	—	—	—	—	2	7	0
13. Holmfirth, Holme Valley Memorial Hospital	3	38	—	3	4	3	3	0
14. Huddersfield Corporation	20	14	—	—	1	3	3	0
15. Huddersfield Royal Infirmary	6	24	1	1	4	3	3	0
16. Ilkley ...	2	—	—	—	—	5	5	0
17. Keighley, St. John's Hospital	11	11	—	—	—	2	12	6
18. Leeds Maternity Hospital	113	172	3	13	29	4	6	4
19. Morley Corporation ...	9	8	—	—	—	3	0	0
20. Ripon ...	3	5	—	—	—	4	4	0
21. Sheffield, Jessop Hospital for Women	30	138†	7	5	22	3	3	0
22. South Elmsall, etc. ...	5	1	—	—	—	3	3	0
23. Wakefield Corporation ...	12	56	—	1	3	3	3	0
24. York Corporation ...	30	46	—	2	5	3	7	6
	443	1278	21	41	109			

* This figure includes 59 cases from Mexborough, 22 Bolton-on-Deane and 4 from Wombwell Urban Districts, where the local Councils are the Authority for administering the Maternity and Child Welfare Act.

† West Riding patients admitted under 1d. in the £ scheme.

Note—(a) Harrogate Infirmary at present only admit complicated cases.

(b) Castleford U.D.C. and Huddersfield Corporation only accept normal cases.

With the exception of Huddersfield Royal Infirmary, Leeds and York, where the fees are inclusive, a surgeon's fee is chargeable for special cases.

The number of patients admitted to Maternity Homes was 1,278, an increase of 406 over the previous year, and with the provision of additional accommodation, the number of admissions will go up considerably.

The causes of the 21 deaths of mothers were certified as due to: Shock following obstetric operation 6, Acute Pneumonia 3, Puerperal Sepsis 2, Ante-Partum Hæmorrhage 2, Eclampsia 2, Post-Partum Hæmorrhage 1, Albuminuria 1, Hyperpyrexia 1, Pernicious Vomiting 1, Placenta Prævia 1, Pulmonary Embolism 1.

During the year the County Council have made arrangements for the admission to their Homes of West Riding patients with the Huddersfield Royal

Infirmary (for admission of cases of abnormality), Ilkley Private Maternity Home, Ripon Victoria Nursing Institution, and the South Elmsall District Nursing Association.

The arrangement with the South Elmsall Maternity Home is not on the basis of beds occupied, but in consideration of one bed being reserved for County patients a grant of £200 per annum is made by the County Council in aid of the maintenance of the Maternity Home.

Norman Rae Nursing Home, Shipley.

During the year a Conference was held between Representatives of the Child Welfare Sub-Committee and the Bingley and Shipley Urban District Councils as to the proposed purchase by the Urban Councils of the Norman Rae Nursing Home, Shipley, for use as a Maternity Home, and as to the use which the County Council can make of the Home for patients from the surrounding area. As a result of this Conference the respective Urban Councils approved the proposal to purchase the Home. The County Council have entered into an Agreement with the Urban District Councils of Bingley and Shipley for the use by the County Council of two beds in the joint Maternity Home, for maternity cases from the area administered by the County Council for Maternity and Child Welfare, at a cost of £3 10s. 0d. per bed per week—a minimum cost of £365 per annum—provided that if either of the two beds are used by patients not from the County Maternity and Child Welfare area the amount due to the Urban Councils from the County Council shall be proportionately reduced, and, further, the County Council will pay for the use of any further beds required at a rate of £3 7s. 6d. per bed per week.

Local Government Act, 1929—Part I.

Under Part 1 of the Local Government Act, 1929, twenty-two Institutions (with maternity beds) were transferred to the County Council as from the 1st April, 1930.

The number of maternity beds available in these County (Poor Law) Institutions is 78, and 367 patients were admitted.

The following table gives particulars of these Institutions, showing beds available and cases admitted:—

Name of County Institution.	No. of wards.	No. of maternity beds.		Total No. of women admitted during year.	Births.		Deaths.	
		Provided.	Occupied.		Live.	Still.	Maternal.	Infants.
1. Clayton ...	2	6	1	12	11	1	—	1
2. Dewsbury	1	10	1	18	19	2	1	4
3. Goole ...	2	5	—	6	6	—	—	—
4. Grenoside	1	—	—	4	4	—	—	—
5. Hemsworth	1	2	—	10	5	—	—	1
6. Keighley ...	4	13	7	191	185	8	—	10
7. Knarborough	1	5	3	21	18	1	—	—
8. Otley ...	—	3	—	6	6	—	—	—
9. Pontefract	—	5	1	14	15	2	—	3
10. Ripon ...	—	3	—	1	1	—	—	—
11. Saddleworth	1	2	—	1	1	—	—	—
12. Sedbergh ...	1	1	—	—	—	—	—	—
13. Selby ...	1	2	—	8	5	—	—	2
14. Settle ...	1	2	—	1	1	—	—	—
15. Skipton ...	1	1	—	6	6	—	—	—
16. Springwell House, Doncaster	1	6	2	19	17	2	1	—
17. Tadcaster	1	1	—	3	3	—	—	—
18. Thurlstone	—	—	—	1	1	—	—	1
19. Thorne (Restholme)	1	2	—	2	2	—	—	1
20. Todmorden	1	1	—	3	1	2	—	—
21. Wakefield	1	6	—	40	24	3	—	3
22. Wetherby	1	2	—	—	—	—	—	—
Total	23	78	15	367	331	21	2	26

At Wetherby, the maternity beds provided are unsuitable for the purpose, and maternity cases are sent elsewhere.

At the Great Ouseburn Institution no accommodation is provided for maternity cases.

The discrepancy of 14 between the total number of admissions and the total births is accounted for by the fact that patients were discharged prior to confinement.

Collection of Maternity Home Fees.

The County Council have fixed the maximum fee to be paid by patients received into Maternity Homes by arrangement with the County Council, at £3 3s. 0d. per week, and in cases where the fee charged exceeds £3 3s. 0d. per week the County Council pay the balance of such fee.

The County Council also pay the doctor's and specialist's fees.

In necessitous cases, the County Council pay whole or part of the fees, and the following scale of payment has been adopted as a guide:—

Where the total family income, after deducting 5/- for each child under 14 years of age, and not working	Amount payable by Patient.
Does not exceed 30/- per week	Nil
Is between 30/- and 40/- per week	Amount of Maternity Benefit received
Is between 40/- and 50/- per week	Half Fees
Exceeds 50/- per week	Whole Fees

In ascertaining the weekly income of the family, the average earnings of the four weeks preceding the birth are taken.

This Department ascertains the fee to be paid in each case, is responsible for the rendering of accounts, and for the collection of the fees. All the work entailed in the above is carried out by correspondence, and the scheme, which has operated since July, 1929, is working satisfactorily.

During 1930, the number of claims dealt with was as follows:—

Whole Fees	81
Half Fees	84
Maternity Benefit	161
Total	326

The total claims made amounted to £1,768 10s. 4d., and of this sum £1,158 10s. 5d. was recovered. Fees remitted by the Committee amounted to £195 1s. 0d., leaving a balance outstanding at the end of the year of £414 18s. 11d. Included in the total claims of £1,768 10s. 4d. is a sum of £556 7s. 7d. in respect of 80 patients admitted to the County Maternity Home at Mexborough from the Urban Districts of Bolton-on-Dearne, Mexborough and Wombwell, which Councils are autonomous for Maternity and Child Welfare and have an agreement with the County Council for the treatment of maternity patients from their respective areas.

HOMES AND HOSPITALS FOR SICK OR AILING CHILDREN UNDER FIVE YEARS OF AGE.

To supplement the existing work of the Child Welfare Centres, the County Council have arrangements with the following Homes or Hospitals for the admission of children under five years of age:—

Name of Home or Hospital.	No. of patients treated by County Council during 1930.	Inclusive fees of Home per week.
		£ s. d.
Edenfield Private Maternity Home, Doncaster ...	2	1 1 0
Harrogate Municipal Babies' Hospital ...	8	1 1 0
Huddersfield Royal Infirmary ...	—	1 1 0
Kirbymoorside Children's Orthopædic Hospital ...	1	2 2 0
Marguerite Home, Thorparch ...	2	2 0 0
Scarborough Children's Convalescent Home ...	4	1 1 0
Wakefield (Clayton Hospital) ...	2	2 16 0
York Municipal Maternity Hospital ...	—	1 1 0
	19	

The 19 children spent 321 "patient weeks" in the above Homes, or an average of 20·1 weeks each.

Under Section 101 of the Local Government Act, 1929, the County Council contribute a sum of £206 6s. 5d. to the St. Agnes Babies' Home, Harrogate. This Institution is provided, by a Voluntary Association, with 12 beds, and during the year 11 children were admitted to these beds.

Under Part 1 of the Local Government Act, 1929, three of the Poor Law Institutions, with accommodation for these cases, were transferred to the County Council. The number of beds provided totalled 43 and 115 children were admitted to these beds.

CONVALESCENT TREATMENT FOR MOTHERS AND INFANTS.

A stay in a Convalescent Home is specially important for recovery after certain cases of confinement, and for some conditions in young children.

The County Council have arrangements with the following Institutions for the admission of mothers and children:—

Name of Convalescent Home.	Class of patient admitted.	No. of W.R. patients admitted during 1930.	Fees of Home per week.
			£ s. d.
Scarborough, Royal	Mothers	21	Recommend ... 1 1 0
Northern Sea Bathing Infirmary			Board, etc. ... 0 12 6
Scarborough, Convalescent Home for	Children from 2-5	23	Board, etc. ... 1 1 0
Children	years of age		
Bridlington, St. Anne's ...	Mothers	—	Recommend ... 1 5 0
			Board, etc. ... 0 15 0
Ilkley ...	Do.	—	Board, Residence, etc. 1 0 0
Wentbridge, Convalescent Home for	Children	1	Board, Residence, etc. 0 10 0
Children			

As indicated in previous reports one of the difficulties of our Maternity and Child Welfare Scheme is that there is no home in the North of England where mothers with babies are accepted, but at the time of writing this report, such a Home of 12 beds, has been established at Withernsea, known as the Yorkshire

Home for Mothers and Babies. The Home, founded by the Yorkshire Federation for Maternity and Child Welfare, is now controlled by a Council representing subscribers to the Home. The Federation asked for a sum of £10,000 and this includes site, buildings, equipment and partial endowment.

The County Council Centres have responded generously to the appeal and about £200 has been raised by means of collecting boxes, whist drives, etc. At one Centre (Hipperholme) they held a whist drive which resulted in a sum of £33 6s. 6d. being sent to the Hon. Treasurer of the Appeal Committee.

A further appeal was made for linen, etc., and the Voluntary Committee of the Horbury Child Welfare Centre made themselves responsible to provide this.

The terms of admission to this Home are as follows:—

1. Mothers with babies under 18 months are eligible for admission.
2. A special medical certificate is required with each mother and baby.
3. The usual stay of each mother will be 14 days, and all admissions will be on the same day.
4. A minimum charge of 35s. per week will be made in respect of every mother and baby.

The Trustees of the Home are reserving two beds solely for the use of patients sent in from the County Maternity and Child Welfare Area.

ANTE-NATAL CLINICS.

Circular 1167 and Memo. 156/M.C.W. on Maternal Mortality, issued by the Ministry of Health in December, 1930, draws attention to the Interim Report of the Departmental Committee on Maternal Mortality and Morbidity, which has recently been published. The report makes it clear that two of the essential measures for securing a reduction in maternal mortality are:—

1. General and sustained efforts to enlighten the women of the country as to the importance of ante-natal supervision.
2. The improvement and expansion, where necessary, of the maternity services of Local Authorities, which must form an important part of any national scheme.

It is stated that 48 per cent. of the total deaths from child birth into which enquiry was made seemed to the Committee to have been avoidable and one-third of these preventable deaths were due to the absence of ante-natal care.

Sixty-six Child Welfare Centres are equipped to carry out ante-natal examinations, but at 19 Child Welfare Centres separate ante-natal sessions are held monthly, and other Centres are being gradually equipped for the purpose. The majority, however, are equipped primarily as Child Welfare Centres and only secondarily as Ante-Natal Clinics, but the County Council are increasing gradually the activities of the Centres. The type of premises available, however, is a drawback to carrying on successful work. It has been suggested to the Committee that the development of the work should take the direction of making a few Centres into superior Centres with better accommodation, that these Centres should be staffed by medical men or women of consultant rank, and that the ordinary Child Welfare Centres should carry on ante-natal supervision as at present and serve as tributaries to these better equipped Centres. Alternatively, when there is a Maternity Home, this should be the chief Ante-Natal Centre in the district. At each Ante-Natal Clinic official forms are in existence by which information is passed on to the doctor, and it is hoped to secure his co-operation as far as possible.

The need for ante-natal supervision is being stressed on every possible occasion and 2,450 expectant mothers made 6,315 attendances at ante-natal sessions, and the average attendance at all sessions numbered 3. In the County Notification of Births Area, 16,328 births were notified and it will thus be seen that the percentage of expectant mothers attending Centres for ante-natal advice was 15.

During the year the number of special Ante-Natal Clinics was increased by ten. The aim of the County Council is to have a special session at least once a month set apart for ante-natal examinations and such sessions are now in operation at 19 Child Welfare Centres, as under:—

ANTE-NATAL CLINICS.

Name and address of Clinic.	Day and time of Monthly Meeting.
1. Airedale (Pontefract R.D.), Holy Cross Hut	Last Thursday afternoon
2. Askern (Doncaster R.D.), Wesleyan Sunday School	Last Thursday „
3. Carcroft (Adwick-le-Street U.D.), Presbyterian Sunday School	First Monday „
4. Conisbrough (Balby Street), Army Hut in School yard	First Wednesday „
5. Hemsworth, Army Hut, West End Council School	First Tuesday „
6. Fitzwilliam (Hemsworth U.D.), Church Hut	First Wednesday „
7. Horsforth, St. Margaret's Hall ...	Second Monday „
8. Hipperhome, Wesleyan Sunday School	Second Friday „
9. Kirk Sandall (Doncaster R.D.), Assembly Hall	First Monday „
10. Maltby, Congregational Chapel ...	First Wednesday „
11. Meltham, Baptist Church ...	First Thursday „
12. Mirfield, Ings Grove ...	Third Monday „
13. Normanton, Park Pavilion ...	Second and fourth Thursday „
14. Otley, Primitive Methodist Chapel...	First Tuesday „
15. Queensbury, Cricket Pavilion ...	Second Friday „
16. Rawmarsh, Spiritual Temple, Parkgate	Last Thursday „
17. Stainforth (Thorne R.D.), New Wesleyan Church	First Wednesday ..
18. Stanley, Zion Congregational Chapel	First Friday „
19. Worsborough, Wesleyan Sunday School, Worsboro' Dale	First Tuesday morning

In addition to the above the County Council have an arrangement with the Brighouse Corporation whereby expectant mothers from nearby West Riding townships can obtain ante-natal advice at the Corporation's Child Welfare Centre, the County Council making payment for each patient at the rate of—first examination 6s., and for each subsequent examination 2s. 6d.

CHILD WELFARE CENTRES AND SCHOOL CLINICS.

The following is a list of Centres established by the County Council and also of the Voluntary Centres in the Riding:—

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
1. ADWICK-LE-STREET Wesleyan Chapel, Woodlands	Weekly	Thurs. 2—4	—	70	5	139	6	Whole-time M.O.H
2. AIREDALE (PONTE-FRACT R.D.), Holy Cross Hut	Do.	Mon. 2—4	6	34	47	115	—	Part-time Medical woman
3. ALLERTON BYWATER (TADCASTER R.D.), Miners' Welfare Inst.	Do.	Mon. 2—4	2	61	27	116	83	Part-time Medical man
4. ALTOFTS, Red Triangle Club	Do.	Wed. 2—4	—	37	—	66	—	Do.
5. ARDSLEY EAST (ARDSLEY E. & W. U.D.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	39	13	48	3	Do.
6. ARDSLEY WEST (ARDSLEY E. & W. U.D.), Wesleyan Sunday School, Tingley	Do.	Mon. 2—4	—	32	12	53	3	Do.
7. ARMTHORPE (DONCASTER R.D.), Miners' Welfare Institute	Do.	Thurs. 2—4	1	62	67	135	106	Do.
8. ASKERN (DONCASTER R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	6	44	53	147	11	Do.
9. BAILDON, Laurel Mount	Do.	Wed. 2—4	—	13	1	52	8	Do.
10. BARNOLDSWICK, Bethesda Baptist Chapel	Do.	Thurs. 2—4	—	51	12	116	—	Do.
11. BENTLEY, Co-operative Hall	Do.	Wed. 2—4	—	95	7	174	12	Whole-time M.O.H.
12. BIRDWELL (WORSBOROUGH U.D.), United Methodist Church, Chapel Street	Do.	Wed. 2—4	—	40	12	105	—	Part-time M.O.H.
13. BIRKENSHAW, Methodist Free Church	Do.	Tues. 2—4	—	19	4	86	30	Part-time Medical man
14. BIRSTALL, United Methodist Church	Do.	Wed. 2—4	—	32	4	79	15	Do.
15. BOSTON SPA (WETHERBY R.D.), Congregational Chapel	Do.	Wed. 2—4	2	24	12	56	18	School M.I.
16. CARCROFT (ADWICK-LE-STREET U.D.), Presbyterian Sunday School	Do.	Thurs. 2—4	—	47	22	137	11	Whole-time M.O.H.
17. CATCLIFFE (ROTHERHAM R.D.), Church Mission Hall	Fort-nightly	Wed. 2—4	4	49	—	108	—	Part-time Medical man
18. CHAPELTOWN (WORTLEY R.D.), Miners' Welfare Pavilion	Weekly	Tues. 2—4	—	42	—	69	22	Whole-time M.O.H.
19. *CLAYTON, Council School	Fort-nightly	Thurs. 2—4	—	41	—	—	—	Part-time Medical man

* Incorporated in County Borough of Bradford from 1st April, 1930.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children.	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
20. CONISBROUGH, Army Hut, Balby St. Council School	Weekly	Thurs. 2—4	7	68	130	191	—	School M.I.
21. CONISBROUGH (UPPER), Miners' Welfare Institute	Do.	Mon. 2—4	1	69	69	155	—	Part-time Medical woman
22. CRIGGLESTONE (WAKEFIELD R.D.), Methodist New Connexion Chapel	Do.	Wed. 2—4	—	45	6	73	12	Part-time Medical man
23. CROFTON (WAKEFIELD R.D.), United Methodist Church	Do.	Mon. 2—4	—	60	9	86	39	Do.
24. CUDWORTH, St. George's Hall	Do.	Wed. 2—4	—	63	35	204	58	Do.
25. DALTON (ROTHERHAM R.D.), Primitive Methodist Chapel	Do.	Wed. 2—4	—	41	9	150	68	Do.
26. DARFIELD, Wesleyan Sunday School, Barnsley Road	Do.	Wed. 2—4	3	23	16	74	3	Do.
27. DARTON (STAINCROSS), Wesleyan Sunday School, Barnsley Road, Mapplewell	Do.	Thurs. 2—4	—	44	7	65	12	Do.
28. DARTON (DARTON), Primitive Methodist Chapel	Do.	Wed. 2—4	—	51	15	88	9	Do.
29. DARTON (GAWBER), Adult School	Do.	Tues. 2—4	—	47	9	53	10	Do.
30. DENBY & CUMBERWORTH, Victoria Memorial Hall	Fortnightly	Wed. 2—4	1	20	13	17	—	School M.I.
31. DINNINGTON (KIVETON PARK R.D.), Wesleyan Sunday School	Weekly	Tues. 2—4	1	58	9	143	19	Part-time Medical man
32. DODWORTH, Mechanics' Institute, High Street	Do.	Tues. 2—4	3	59	15	98	30	Part-time Medical man
33. DRIFHLINGTON, Wesleyan Sunday School	Do.	Mon. 2—4	2	31	26	58	34	Part-time Medical woman
34. EARBY, Mount Zion Baptist Chapel	Do.	Wed. 2—4	—	32	3	67	7	Part-time Medical man
35. ECCLESFIELD (WORTLEY R.D.), Gatty Memorial Hall	Weekly	Mon. 2—4	1	31	14	61	4	Whole-time M.O.H.
36. EDLINGTON (DONCASTER R.D.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	51	6	125	11	Do.
37. ELLAND, Drill Hall	Do.	Mon. 2—4	—	43	1	72	189	Part-time Medical man
38. FARSLEY, United Methodist Church.	Do.	Tues. 2—4	—	51	2	73	8	Do.
39. FERRYBRIDGE (PONTEFRAC T R.D.), Wesleyan Chapel	Do.	Thurs. 2—4	1	30	12	39	3	Do.
40. GARFORTH, St. Mary's Hall	Do.	Mon. 2—4	7	74	38	90	104	Do.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting	Av. Attendance per Session.		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children.	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
41. GLASSHOUGHTON (PONTEFRAC T R.D.), St. Paul's Institute	Weekly	Mon. 2—4	3	50	15	118	32	Part-time Medical man
42. GLUSBURN (SKIPTON R.D.), Glusburn Institute	Fort-nightly	Tues. 2—4	—	32	—	33	—	Part-time Medical woman
43. GOLCAR, Council Offices	Weekly	Wed. 2—4	—	50	3	130	15	Do.
44. GREASBROUGH, Town Hall	Do.	Mon. 2—4	1	23	16	56	24	Part-time Medical man
45. GREETLAND, Clay House	Do.	Tues. 2—4	—	35	7	48	71	Do.
46. GUISELEY, Baptist Church, Oxford Road	Do.	Thurs. 2—4	—	32	9	75	10	Part-time Medical woman
47. HAWORTH, Council School	Fort-nightly	Tues. 2—4	—	42	8	44	5	School M.I.
48. HEBDEN BRIDGE, Old Secondary School, Pitt Street	Weekly	Wed. 2—4	—	24	25	82	32	Part-time Medical woman
49. HEMSWORTH, Army Hut, West End Council School	Do.	Mon. 2—4	3	65	39	87	46	School M.I.
50. HEMSWORTH (Fitzwilliam) Church Hut	Do.	Tues. 2—4	6	82	120	130	135	Part-time Medical man
51. HIPPERHOLME, Wesleyan Sunday School	Do.	Mon. 2—4	2	37	34	66	12	Part-time Medical woman
52. HOLMFIRTH, Town Hall	Do.	Thurs. 2—4	—	20	13	71	46	Do.
53. HORBURY, Primitive Methodist Church	Do.	Mon. 2—4	—	66	—	91	10	Part-time Medical man
54. HORSFORTH, St. Margaret's Hall	Do.	Wed. 2—4	3	50	16	119	17	Do.
55. HOYLAND, Miners' Welfare Institute	Do.	Tues. 2—4	1	104	15	173	84	Do.
56. KIPPAX (TADCASTER R.D.) Church Hut	Do.	Tues. 2—4	3	55	30	100	90	Part-time Medical man
57. KIRKBURTON, Council School	Do.	Tues. 2—4	—	24	35	41	21	Do.
58. KIRK SANDALL (DONCASTER R.D.), Assembly Hall	Do.	Thurs. 2—4	4	36	18	41	2	Do.
59. KNARESBOROUGH, Fysche Hall Cottage, Isles Lane	Do.	Tues. 2—4	2	62	18	71	22	School M.I.
60. KNOTTINGLEY, Secondary School	Do.	Mon. 2—4	1	39	16	50	6	Part-time Medical man
61. LEPTON, Liberal Club	Do.	Tues. 2—4	—	22	4	63	—	Do.
62. LINTHWAITE AND SLAITHWAITE, U.M. Sunday School, Carr Lane, Slaithwaite	Do.	Wed. 2—4	—	29	5	87	14	Part-time Medical woman
63. MALTBY, Congregational Chapel	Do.	Mon. 2—4	8	62	52	179	203	Part-time Medical man
64. MARSDEN, Conservative Club	Do.	Thurs. 2—4	—	50	3	54	15	Do.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children.	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
65. MELTHAM, Baptist Church	Weekly	Tues. 2—4	—	40	9	59	2	Part-time Medical man
66. MIRFIELD, Ings Grove	Do.	Fri. 2—4	1	50	18	115	—	Part-time Medical woman
67. MICKLEFIELD (TADCASTER R.D.), Wesleyan Chapel	Do.	Tues. 2—4	4	63	16	50	108	School M.I.
68. MOORENDS (THORNE R.D.), Wesleyan Chapel	Do.	Thurs. 2—4	3	47	69	167	4	Do.
69. NORMANTON, Park Pavilion	Do.	Tues. 2—4	10	81	79	262	22	Do.
70. OTLEY, Primitive Methodist Chapel	Do.	Thurs. 2—4	9	61	98	155	120	Part-time Medical man
71. OULTON (HUNSLET R.D.), Village Institute	Do.	Tues. 2—4	—	15	5	35	3	Do.
72. OUTWOOD (STANLEY U.D.), Church Institute	Do.	Mon. 2—4	—	58	7	64	12	Do.
73. OUGHTIBRIDGE (WORTLEY R.D.), Church Hall	Do.	Thurs. 2—4	1	35	—	35	12	Do.
74. PENISTONE, New Connexion Chapel	Do.	Mon. 2—4	1	55	26	72	—	Do.
75. QUEENSBURY, Cricket Pavilion	Do.	Tues. 2—4	6	38	15	93	25	Do.
76. RAWMARSH, Spiritual Temple, Parkgate	Do.	Tues. 2—4	6	111	204	298	464	School M.I.
77. RIPON CITY, Girls' Club, Water Skellgate	Do.	Mon. 2—4	1	46	12	46	20	Do.
78. ROYSTON, Wesleyan Sunday School	Do.	Wed. 2—4	1	81	25	40	13	Part-time Medical man
79. ROSSINGTON (DONCASTER R.D.), Miners' Welfare Institute	Do.	Mon. 2—4	5	118	24	156	70	Do.
80. SADDLEWORTH, Mechanics' Institute, Uppermill	Do.	Wed. 2—4	—	56	14	85	14	Do.
81. SELBY, Museum Hall	Do.	Fri. 2—4	—	30	3	51	17	Whole-time M.O.H.
82. SHARLSTON (WAKEFIELD R.D.), St. Luke's Hall	Do.	Tues. 2—4	—	43	13	73	17	Part-time Medical man
83. SILSDEN, Ambulance Station	Fort-nightly	Tues. 2—4	—	18	3	37	30	Part-time Medical woman
84. SNAITH (GOOLE R.D.), House, Market Place	Weekly	Thurs. 2—4	—	11	18	103	24	Part-time Medical man
85. SKIPTON, Wesleyan Methodist Sunday School	Do.	Wed. 2—4	—	56	5	65	10	School M.I.
86. STAINFORTH (THORNE R.D.), New Wesleyan Church	Do.	Tues. 2—4	11	104	71	240	27	Do.
87. SOUTH MILFORD (TADCASTER R.D.) St. Mary's Schoolroom	Fort-nightly	Tues. 2—4	3	39	10	81	6	Do.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children.	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
88. SOWERBY BRIDGE, Crow Wood	Weekly	Tues. & Thurs. 2—4	—	42	122	160	—	School M.I.
89. STANNINGTON (WORTLEY R.D.), Underbank Chapel	Do.	Wed. 2—4	1	19	3	69	67	Part-time Medical woman
90. STOCKSBRIDGE, Mozart House	Do.	Tues. 2—4	—	40	21	138	25	Part-time Medical man
91. SWALLOWNEST (ROTHERHAM R.D.), Church Hall	Fort-nightly	Mon. 2—4	—	34	10	73	20	Part-time Medical woman
92. SWINTON, Wesleyan Methodist Chapel, Roman Terrace	Weekly	Tues. 2—4	—	23	9	43	3	Do.
93. SWINTON, Congregational Church	Do.	Mon. 2—4	—	50	2	123	1	Part-time Medical man
94. SWINTON, Church Inst., Kilnhurst	Do.	Wed. 2—4	—	16	21	108	—	Do.
95. STANLEY, Zion Congregational Chapel	Do.	Mon. 2—4	2	31	10	60	—	Do.
96. SWILLINGTON (TADCASTER R.D.), Hut near Church	Fort-nightly	Wed. 2—4	5	57	37	42	75	Do.
97. TADCASTER (TADCASTER R.D.) Shann House	Do.	Tues. 2—4	2	62	8	69	3	Part-time Medical woman
98. THORNE (THORNE R.D.), Temperance Institute	Weekly	Wed. 2—4	—	29	20	110	82	Part-time Medical man
99. THURCROFT (ROTHERHAM R.D.), Miners' Welfare Institute	Do.	Mon. 2—4	—	58	3	79	30	Do.
100. THURNSCOE (WEST), Church Sunday School	Fort-nightly	Mon. 2—4	3	48	18	67	—	Do.
101. THURNSCOE (EAST), Parish Hall	Do.	Tues. 2—4	2	40	12	55	—	Do.
102. WALES' (KIVETON PARK R.D.), St. John's Rooms	Weekly	Wed. 2—4	—	28	6	58	73	Do.
103. WATH, Wesleyan Assembly Hall	Do.	Mon. 2—4	2	56	18	74	3	Do.
104. WEST MELTON (WATH U.D.), Wesleyan Chapel	Do.	Tues. 2—4	2	60	12	92	14	Do.
105. WETHERBY (WETHERBY R.D.), Wesleyan Sunday School	Do.	Thurs. 2—4	1	26	5	19	6	Do.
106. WHITWOOD, Memorial Hall	Do.	Wed. 2—4	2	58	30	128	84	Part-time Medical woman
107. WRENTHORPE (STANLEY U.D.), Church Sunday School	Do.	Thurs. 2—4	—	39	15	152	36	Do.
108. WORSBOROUGH, Wesleyan Sunday School, Worsborough Dale	Do.	Thurs. 2—4	7	53	52	131	17	Part-time Medical man
109. YEADON, Temperance Hall	Do.	Fri. 2—4	—	38	—	124	3	Do.

VOLUNTARY INFANT WELFARE CENTRES.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session		Number who attended for the first time during 1930.			Present arrangements for medical supervision.
			Exp. Mos.	Children	Exp. Mos.	Children under one.	Children between the ages of one and five years.	
1. BENTHAM (SETTLE R.D.), St. Margaret's Sunday School	Fort-nightly	Thurs. 2—4	—	16	6	14	8	Part-time Medical man
2. BARDSEY (WETHERBY R.D.), Guest House, Rigton Hill Estate	Do.	Mon. 2—4	—	9	2	17	4	Part-time Medical woman
3. HELLIFIELD (SETTLE R.D.), Hellifield Institute	Do.	Wed. 2.30—4	—	8	2	8	14	Part-time Medical man
4. HORTON-IN-RIBBLESDALE (Settle R.D.), Public Hall	Monthly	Second Wed. 2.30—4	—	—	—	3	2	Nil
5. KIRKHAMGATE (WAKEFIELD R.D.), Church Mission Room	Fort-nightly	Thurs. 2—4	—	18	6	13	18	Part-time Medical woman
6. METHLEY, Mickletown Institute	Weekly	Mon. 2—4	—	37	5	46	4	Part-time Medical man
7. SETTLE (SETTLE R.D.), Cricket Pavilion	Do.	Thurs. 2—4	—	15	8	20	12	Do.

Attendances.

An interesting feature of the work of Child Welfare Centres is the steady increase in the number of mothers and babies attending. A comparison of the average attendances per session between this year and last shows that the attendances have increased at 67 Centres and decreased at 18, while at 15 Centres the numbers are stationary. The most notable increases are recorded at Rawmarsh (58), Hoyland (50), Cudworth (26), Tadcaster (26), Garforth (23), Barnoldswick (22), Dodworth (17), Normanton, Otley and Rossington (16), Catcliffe, Earby and Skipton (15), Micklefield and Stocksbridge (14), Drighlington, Farsley and Marsden (13), Clayton and Moorends (12), Sharlston and Thurcroft (11).

Decreases of ten or more were recorded at Upper Conisbrough, Lepton and Sowerby Bridge.

The number of expectant mothers and children who attended a Child Welfare Centre for the first time numbered 2,450 expectant mothers and 13,753 children (see preceding table), an increase over the year 1929 of 585 expectant mothers and 3,510 children.

Some good must be accruing among the 16,315 expectant mothers and 226,610 children who attended at the 109 Child Welfare Centres established in the County at the end of the year. In fact, many Centres are proud to report that not one single death has occurred among babies attending the Centre regularly.

Establishment of Infant Welfare Centres.

The three years' programme approved by the County Council will, when completed, bring the number of Centres in the West Riding Maternity and Child Welfare Area up to 130. Further progress towards attaining this figure was made in 1930, and Child Welfare Centres were opened at Birkenshaw, Boston Spa (Wetherby R.D.), Crofton (Wakefield R.D.), Golcar, Kilnhurst (Swinton U.D.),

Snaith (Goole R.D.), Stannington (Wortley R.D.), South Milford (Tadcaster R.D.), and Wrenthorpe (Wakefield R.D.). It is regrettable to have to report that the Centre at Boroughbridge (Great Ouseburn R.D.) was closed owing to lack of interest.

Of the ten Centres selected to be established during the year, two were held up for unavoidable causes, i.e., Sedbergh (Sedbergh R.D.) and Ingleton (Settle R.D.), but it is hoped to have Centres open in these areas before long.

The following places were selected by the Committee for a Centre to be established as part of the three years' programme:—

Combined Centres.	Infant Welfare Only.
Bramley (Rotherham R.D.)	Acomb (Great Ouseburn R.D.)
Dunseroft (Thorne R.D.)	Burley-in-Wharfedale
Rawmarsh (Second Centre)	Slaithwaite
Denholme	Swinefleet (Goole R.D.)
Hoyland Common	Whiston (Rotherham R.D.)

Medical Officers of Centres.

The following new appointments were made during the year:—

Name of Centre.	Medical Officer.
Birkenshaw	J. G. Bremner
Crofton	T. G. Clarke
Golear	Muriel V. Wilby
Kilnhurst	C. J. H. Aitken
Linthwaite	R. T. W. Naismith
Otley	H. V. Horsfall
Snaith	F. G. Creaser
Stannington	Dora Chapman
Stanley (Ante-natal Clinic only)	Mary Freeman
Thurnscoe East and West	F. J. Boyle
Wrenthorpe	Emily E. Johnson

The following resigned their appointments:—

Name of Centre.	Medical Officer.
Clayton	H. Stansfield
Glasshoughton	W. Kemp
Linthwaite	Muriel V. Wilby
Otley	H. Wolfe
Thurnscoe East and West	R. Maleolm

Dr. Doris Pinder was transferred from Swallownest to Stannington, and Dr. Dora Chapin from Stannington to Swallownest.

Qualifications of Medical Officers.

Under the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930, a person appointed as Medical Officer of an Ante-natal Clinic shall be a registered medical practitioner, who, prior to the 1st April, 1930, held the appointment of a Medical Officer to an Ante-natal Clinic with the approval of the Ministry, or who, subsequent to qualification, has had at least three years' experience in the practice of his profession and special experience of practical midwifery and ante-natal work.

Premises.

During 1930, premises were obtained and agreements made at Birkenshaw, Boston Spa, Hoyland Common, Ingleton, South Milford and Wrenthorpe.

Arrangements were made for a transfer to more commodious premises at Birdwell (Worsborough U.D.), Chapeltown (Wortley R.D.), Earby, Sowerby

Bridge and Wetherby (Wetherby R.D.). At Linthwaite, the Centre was held in rooms at the Council Offices, and owing to a re-organisation of their staff, the Council required the rooms for their own purposes, and the Centre was transferred to the United Methodist Sunday School, Slaithwaite. Additional accommodation was provided at Barnoldswick, Ecclesfield (Wortley R.D.), and Worsborough.

Renovations to premises were carried out at Hemsworth and Normanton, and floor covering provided at Gawber (Darton U.D.), Knaresborough and Swillington (Tadcaster R.D.).

At Boston Spa, the County Council, by arrangement with the Trustees of the Congregational Chapel, erected a shelter for perambulators. With the occurrence of difficulties in securing premises for the purpose of our Child Welfare activities, due mainly to the varying rents asked for the use of premises, the Sub-Committee asked for a report on the subject. A report was provided, in which the premises were classified according to the number of rooms placed at the Council's service and the number of sessions per week during which they were in use. The average was taken for each class, and those which were the highest above that average were listed for special consideration.

From time to time thereafter the members of the Special Sub-Committee appointed to deal with the matter met the Trustees of the various institutes or public buildings which we rent, and pointed out that the rent paid was higher than the average. This Sub-Committee was almost invariably met with great courtesy, and the negotiations often resulted in a reduction of the rental.

NOTIFICATION OF BIRTHS ACTS.

During the year 18,043 live births (17,281 legitimate, 762 illegitimate) and 847 still-births (803 legitimate, 44 illegitimate) were registered in the County Notification of Births Area, and 16,328 (15,780 live births and 548 still-births) were notified. Of the 16,328 births, 11,394 were notified by midwives, and 4,934 by parents and doctors.

In 1930 there were 9 Boroughs, 12 Urban Districts and 1 Rural District exercising powers under the Maternity and Child Welfare and Notification of Births Acts, namely:—The Boroughs of Batley, Brighouse, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-on-Dearne, Castleford, Featherstone, Goole, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spenborough and Wombwell, and the Rural District of Hemsworth.

The population of the Administrative County at the 1921 Census was 1,413,935, and deducting the 22 autonomous areas enumerated above, having a population of 484,163, the population of the County Notification of Births Area was 929,772.

Arrangements made by the County Council in the interests of economy and to avoid overlapping are as follows:—

Authorities performing school nursing for County Council on agreed terms: Bolton-on-Dearne, Bingley, Heckmondwike, Rothwell and Wombwell Urban Districts.

Districts where County Council employ whole-time school nurses on account of large size of area: Castleford, Featherstone, Goole, Mexborough Urban Districts and Hemsworth Rural District.

At Ilkley, the County Council's Nurse does health visiting for the Ilkley Authority.

At Bolton-on-Dearne, Heckmondwike, Ilkley, and Wombwell the County Council's School Clinic combines with the Maternity and Child Welfare Centres belonging to the Local Authority.

A scheme under Section 60 of the Local Government Act, 1929, to transfer the functions of maternity and child welfare from 11 autonomous areas to the County Council has been deferred pending the re-arrangement of Sanitary Districts. This Section provides for the transfer of the maternity and child welfare services to the same Authority as that for elementary education, it being the intention that the School Medical, and the Maternity and Child Welfare Services should be administered by one Authority.

HOME VISITS.

Visits made by Health Visitors during the year were as follows (for detailed analysis see Table IV, Appendix):—

Expectant Mothers	...	...	...	...	...	...	9621
Infants under one	...	...	...	...	...	...	154323
Children 1/5	...	...	...	...	...	...	61612
Special Visits (ophthalmia neonatorum, teething, marasmus, feeding, circumcision, etc.)	...	...	...	...	...	...	4451
Measles cases	...	...	...	...	...	...	801

MEASLES.

During 1930, the Health Visitors made 801 visits to measles cases, this number, distributed over 39 sanitary districts, being a decrease of 676 over the previous year (see Table IV in Appendix). The districts mainly affected were Denholme, Rawmarsh, Royston, Stanley, Thurnscoe, Wath-upon-Deane, Whitwood and Worsborough Urban Districts, Ripon City, and Doncaster, Pontefract, Rotherham, Tadcaster, Thorne and Wortley Rural Districts.

NURSING STAFF.

The establishment of the Nursing Staff employed in connection with maternity and child welfare work was increased during the year from 106 to 107. Thus, at the end of the year, the Nursing Staff comprised:—

2 Inspectors of Nurses and Midwives.

1 Emergency nurse.

1 Health Visitor.

105 undertaking combined duties of Health Visitors and School Nurses.

65 part-time nurses employed by Nursing Associations, who undertake, on behalf of the County Council, the health visiting and school nursing work. The majority of these associations serve sparsely populated rural areas.

During the year, four whole-time nurses were appointed to fill additional posts and vacancies, and three whole-time nurses resigned.

The scale of salaries paid to Health Visitors and School Nurses was reviewed by the Committee and the subject was also considered by the County Councils' Association, with a view to the formulation by the association of a scale of salaries for adoption by the County Councils, with the result that the following resolution was passed:—"That the conditions prevailing at the present time render it inappropriate to consider any fixed scale of remuneration and conditions of service for Health Visitors, but that in consequence of the scarcity of persons qualified to comply with the new Regulations of the Ministry of Health, the Ministry be urged to suspend the Regulations until such time as it may become possible to obtain an adequate supply of suitable candidates."

The second part of this recommendation was negatived by the Minister, who replied—in effect—that those Authorities which offered adequate salaries had not so far experienced any serious difficulty in obtaining suitable candidates.

Recent experience of the difficulty in filling these vacancies has led to some lowering of the standard previously required, and the appointments have been made with some diffidence.

After consideration the scale of salaries of Health Visitors and School Nurses was increased from £160-£10-£200 to £180-£10-£230.

Advertisements at this latter figure have been inserted in those papers accepting them at this scale of salary, with the result that only three applications were received and none of the applicants were qualified for appointments. The position, therefore, appears to be little better than previously, although the increase in the scale of salaries may have the effect of retaining some of our present Health Visitors.

TRAINING OF HEALTH VISITORS.

The County Council have, for some time, experienced great difficulty in filling vacancies on the staff of Health Visitors, a difficulty which also extends to other branches of the nursing services, and reports have been presented by the Education Officer and County Medical Officer as to methods which might be adopted to enable nurses to be trained as Health Visitors.

The present shortage of nurses holding the qualifications required by the Minister of Health for Health Visitors appears likely to continue and thus renders it necessary to consider some means of providing suitable Health Visitors to meet the needs of the Council's service. It is estimated that eight nurses will be required to train annually to make good the wastage due to resignation, increase in establishment and retirement on superannuation.

Since the 1st April, 1929, the Ministry of Health will not approve the appointment of a woman for the first time as a whole-time Health Visitor of a Local Authority unless she has undergone the training and obtained one of the certificates prescribed by the Ministry of Health.

There are two methods of qualifying for appointment as Health Visitors, namely:—

1. Three years' general training in an approved hospital; six months' training in midwifery in an approved hospital for the certificate of the Central Midwives Board; six months training in public health. Total period of training 4 years.
2. Two years' special course of training at a recognised school of training approved by the Minister of Health; one year's training in an approved hospital for the Certificate of the Central Midwives Board; six months' training in a general hospital. Total period of training 3½ years.

It will be observed that trained nurses with the Central Midwives Board Certificate must have completed an approved course of training in public health work lasting for at least six months, before taking the certificate, and the expense of taking a six months' whole-time course of instruction while earning no salary, it is thought, has deterred a number of candidates who would otherwise have wished to enter this branch of the Public Health Service.

The Minister of Health is prepared to approve of suitable courses of training undertaken by Local Authorities for the training of Nurses as Health Visitors and will make a grant of £15 per student where such schemes are approved by the Minister.

Having regard to the large staff of nurses employed by the County Council and the difficulty of recruitment, it is imperative that steps should be taken to provide means of training Health Visitors and a scheme of training was under consideration at the end of the year.

REVISION COURSE FOR HEALTH VISITORS.

The course lasted from Monday, April 7th, to Saturday, April 12th. It would have been preferable to have had dates which included a week-end, but this was not possible in 1930.

The inaugural address was given by Sir Arthur Newsholme, formerly Medical Officer to the Local Government Board, but before he gave his address the students were welcomed by the Chairman of the County Council—Sir James P. Hinchliffe—who introduced the speaker with a witty and warm appreciation of his services to Public Health.

Sir Arthur passed in interesting review the development of public health services since the time when he first specialised in the subject, to his leaving the position at the Local Government Board. It would seem from his account of the ideals for which he was then striving and the principles which medical officers were at that time struggling to enjoin on their Committees, that most of these aims are now achievements and at least are accepted as a matter of course. He expressed his appreciation of the work which Health Visitors were doing, and ended upon a note of congratulation to the West Riding County Council in its being in the forefront of progress and earnest endeavour in the discharge of its Public Health duties.

Alderman Probert proposed, and County Councillor Paling seconded, a vote of thanks to Sir Arthur.

Miss Norah March, secretary to the National Baby Week Council, gave a lecture introductory to the more technical side of the course—taking as her subject, "The Modern Child Welfare Movement." This course (the third of the series), though varied in character, leaned a little towards ante-natal work and maternal mortality. Miss E. M. Doubleday, Sister-Tutor, Post-Certificate School, Camberwell, and Member of the Central Midwives Board, gave two lectures, with demonstrations, on Ante-Natal Examinations and Management of the Puerperium. Her examination of the patients was a revelation of the amount and accuracy of the information which can be secured by the expert.

Lady Barrett, who was to lecture on "The Months Before Birth," was unable to keep her engagement and deputed Miss Margaret Basden to lecture in her stead. Dr. Basden, by the end of her lecture, had become so popular that she could hardly disengage herself from her eager questioners.

Dame Louise McIlroy, Professor of Obstetrics, London University, dealt with her subject, "The Prevention of Maternal Deaths" in a masterly manner and engagingly confessed to ignorance of certain aspects of the subject, which ignorance was only to be removed by abandoning theories which did not help and by directing fresh enquiries and research to clear up the issue.

The subject of "Child Guidance" was taken by Dr. Letitia Fairfield, of the London County Council, who had studied this subject in America. Her report to the London County Council, not originally intended for sale, has become a "best seller." The subject is one of deep interest and was most interestingly treated.

The lecture on "Diseases of the Eye, with special reference to the Emotional State of the Patient," is a title which arouses immediate curiosity. Dr. Inman, assuming in his hearers a knowledge of refractive errors, sustained to the end the curiosity of his hearers in a lecture which will not be easily forgotten.

Dr. Donovan's lecture was something of a *tour de force*. He is Physician to the Skin Department of the London Hospital and to St. Paul's Hospital for Diseases of the Skin. Leaving aside the commonplaces of textbooks on this subject, he asked for consideration of the skin as a delicate organ and something more than a passive integument. Everybody who heard him would wish to study skin diseases under his guidance.

The Climacteric is a matter of everyday occurrence to hundreds of women, yet very few medical men or nurses would venture to claim a knowledge of the changes which are a concomitant of this epoch of life. Dr. Lawrence's lecture was an attempt to explain the symptomatology and to integrate these varied manifestations through a study of the internal secretions.

The art of public speaking may seem somewhat aside from the daily routine of a Health Visitor, but a suggestion had been made that some of the Health Visitors might like to hear an expert on the subject. Miss Lucy D. Bell, who is Teacher of Public Speaking, at the Minerva Club, London, made a strong—but not too strong—case out for clear enunciation of words and orderly arrangement of ideas. The subsequent demonstration and exercises of the audience showed how closely they had entered into the spirit of the teaching.

The full residential course was attended by one hundred and forty-two Health Visitors from the West Riding, East Riding, Notts, Westmoreland and Bucks County Councils and the Oldham, Barnsley, Derby, York, Newcastle-on-Tyne, Wallasey, St. Helen's, Brighouse and Pontefract Corporations, and the Goole and Northwich Urban District Councils.

Day students came from Leeds City, Keighley Borough, Bingley Urban District and several District Nursing Associations sent nurses.

The total cost of the course amounted to £331 6s. 9d. and the income from fees, etc., £318 1s. 0d., leaving a deficit of £13 5s. 9d.

INSPECTORS OF NURSES AND MIDWIVES.

There are two Inspectors of Nurses and Midwives. The following is a summary of their work during the year:—

Visits made to whole-time Health Visitors and Tuberculosis Nurses	436
" part-time Nurses	110
" Maternity Homes	51
" Midwives	700
" Child Welfare Centres	236
Attendance at official openings of Centres	8
Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth, abortifacients, pemphigus and deaths of children)	95
Attendance at meetings of local Child Welfare Committees and with Nursing Associations, and interviews with Medical Practitioners and various people relative to the Maternity and Child Welfare scheme	185
Premises inspected as to their suitability for Child Welfare Centres	48

The two Inspectors also accompanied the Ministry's Inspector on visits of inspection to eleven Child Welfare Centres. They also gave addresses to mothers at Centres, addressed public meetings in connection with the formation of new Nursing Associations, instructed new nurses in their duties, and attended celebrations and parties held in connection with Baby Week; made special investigations into outbreaks of pemphigus neonatorum; the practice of handy women; the use of abortifacients; cases of puerperal fever, pyrexia, etc. They also attended meetings arranged by the local Midwives' Associations and the County Nursing Association.

Close co-operation exists between the two Inspectors and the Superintendent of the West Riding Nursing Association, which tends to the smooth working among the various nursing associations undertaking public health work in the County. The provision of motor transport by the two Inspectors has greatly facilitated the work of inspection in the County, and the number of visits to Nurses, Midwives, Child Welfare Centres, etc., has greatly increased as a result.

WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT, 1925.

The County Council is the Local Authority under the above Act for certain administrative purposes.

The duties to be performed by the Local Authority necessitate enquiry as to the conduct of widows in relation to the desertion, abandonment or non-support of children.

The County Council decided that, having regard to the nature of the enquiries, it was thought desirable that they should be undertaken by women, and accordingly any investigations are carried by the two women inspectors. In every case the report of the Health Visitor in the area is also considered. No investigations were made during 1930.

SUPPLY OF MILK TO EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

The County Council's scheme for the distribution of milk is as follows:—
Dried milk only is supplied because of its convenience in handling, its concentration and the greater ease of recovering payments. It is supplied free or at less than cost price for:—

- (a) Children up to three years of age and exceptionally to children between three and five years.
- (b) Nursing mothers, and
- (c) Expectant mothers during the last three months of pregnancy.

Ordinarily a 1lb. carton per week (equivalent to five and a half pints of fresh milk) is supplied, but where considered necessary three cartons may be supplied per fortnight. It is supplied free or at a reduced price in necessitous cases:—

- (a) In districts having a Child Welfare Centre where the Medical Officer of the Centre is of opinion that a supply is essential "on grounds of health."
- (b) In districts where there is no Centre when the local Medical Officer of Health is of opinion that a supply is essential "on grounds of health."

A Special Sub-Committee deals with all applications for a supply of dried milk free or at less than cost price, to review circumstances of all people making application, and all authorisations for such supplies.

The Committee determine the degree of "necessity" in each case and have adopted a fixed scale of income below which dried milk could be distributed free or at less than cost price.

During 1930 the Committee selected 220 cases for investigation of family income, etc., and all the statements were found to be correct with the exception of seven. These latter were referred to the Legal Department for further consideration.

The following scale of family income has been adopted by the Committee as a guide to the supply of dried milk free, or at less than cost price, viz.:—

Where the net weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/—, the County Council provide dried milk free.

Where the net weekly income of the family, calculated as above, is over 30/—, but does not exceed 40/—, the County Council provide dried milk at half the usual price.

Where the net weekly income of the family, calculated as above, exceeds 40/—, the applicant must pay the usual price for dried milk.

In ascertaining the weekly income of the family, the average earnings for the four weeks prior to the application is taken.

All applicants in necessitous cases are required to fill in a form showing the income of the family from all sources, number of children under 14 years of age, name and address of employer and the signature of the father is required to the statement.

The certificate of the Medical Officer that milk is needed on "grounds of health" is valid for four weeks and may be renewed where the applicant's family circumstances have not improved. Each applicant signs a receipt in the space provided on the form. Stock books, vouchers, etc., are kept and stock is taken quarterly.

During the financial year 1930-31, 128,488 lb. cartons of dried milk were issued free, and 2,065 issued at less than cost price.

In January, 1930, the Child Welfare Sub-Committee asked me to review the arrangements for the distribution of milk and submit a report as to whether any revision of the present arrangements was desirable.

For this purpose, Dr. Lawrence and some of the senior members of the clerical staff visited simultaneously those Centres where the issue of dried milk, etc., was greatest.

The Centres so far visited are Airedale, Garforth, Glasshoughton, Hemsworth, Fitzwilliam, Outwood, Rawmarsh, and West Melton.

After a preliminary conference to discuss procedure, the members visited each his allotted Centres to watch the present practice and to report on current methods in use and to suggest improvements.

The preliminary to the issue of dried milk, free, is the filling up of Form M.C.W.(M.1), on which the average wage and numbers of the family are returned and attested by the head of the household, on which the Medical Officer in charge recommends dried milk as essential on grounds of health, and on which the recipient signs a receipt for the number of cartons issued.

The possession of these receipts on Form M.1. is of capital interest to the Health Visitor, as the receipts for free dried milk must correspond with the number of cartons issued, otherwise the Health Visitor will be debited with the excess of free cartons over receipts and will have to make good the loss.

It may be said at once that where the attendances at a Centre are numerous the Health Visitor has been set an impossible task. The duty for which she has been trained is to acquire a knowledge of Infant Physiology, so that she may select the babies whom the doctor ought to see, or co-operate with him in their examination and be able to help the mother to carry out his advice. In the prosecution of this duty she has very little time to issue dried milk and see that all the preliminaries have been properly carried out before the issue is made. She is compelled, therefore, to delegate this section of her work wholly or in part to Voluntary workers. Many of these are competent and vigilant, but in any case the Health Visitor is compelled to shoulder financial responsibility to the County Council for work done by others to whom she can only give intermittent attention. (One Health Visitor informs me that she has had to make good the cost of two cases of dried milk.)

In the actual filling up of the form, all the investigators noted certain departures from the correct routine.

The mothers regularly (except West Melton) signed their husbands' name in the appropriate place. It will at once be suggested that the mothers could take the Form home for the husband to sign. When the issue of free milk was first carried out, the mothers were allowed to take this Form M.1. home for the husband to sign and to have the first carton at once—the remainder of the month's issue being made when the Form was duly signed by the father. The receipt for the milk was originally made on a separate form. At the request of the Treasurer's Department these two forms have been combined. This produces a saving of labour in the Treasurer's Department but places the Health Visitor in a dilemma, as she must either accept the mother's signature of the father's name, or let the receipt for milk issued go from her possession—possibly to be lost.

Some of these difficulties have already been surmounted by having a special session at certain Centres for the issue of dried milk, in order not to let this interfere with the proper work of the Centre. The doctor sees the baby or expectant mother in the usual manner, and signs the recommendation for milk.

The Form is taken home to be filled in and to receive the father's signature and brought back to the Centre at the special session, when the milk is issued and the receipt obtained.

After the recent investigation it was definitely ascertained that in one district a fair proportion of the stated incomes were incorrect. This was due in some cases to the wife receiving wrong information from the husband, but in others merely a desire to obtain free milk.

The question of the best method of verification of income, if indeed this should be done, is one for consideration of the Committee.

At the Centres visited the distribution of the milk was fairly satisfactory, and where faults in detail were noted these were corrected.

On the whole the present scheme works fairly well and as accurately as can be expected without systematic verification of incomes.

During 1930, an enquiry was also made as to the reason for the large variation in the number of free issues of dried milk at the various Child Welfare Centres in the Riding. A comparison of schedules prepared showed a considerable disparity in the issues of one Centre compared with those of another. Schedule A set out a number of Centres where the average number of issues was considerably higher than the average, and Schedule B detailed a number of those where, although the average number of attendances shews no great variation from those of Schedule A, the amount of milk issued gratis is very much less.

It is appreciated that the population of an area, the number of attendances of mothers and children, the industrial nature of the district and the presence or absence of unemployment all have a direct bearing upon the amount of milk which will be distributed in each case. Even when due allowance has been made for these factors, however, it is still considered that a greater variation than necessary in the number of free issues is taking place. The Centres with a high proportion of issues were Crofton, Airedale, Rawmarsh, Cudworth, Normanton, Drighlington, Garforth and the following Centres where the attendances were in some instances higher had only a small proportion of issues:—Woodlands, Bentley, Edlington, Maltby, Mirfield, Saddleworth, Sowerby and Worsborough.

A scheme is on foot at the present time to have some co-operation with the Public Assistance Committee to prevent any overlapping and also to utilise the services of Relieving Officers to verify statements of income, etc.

DISTRESS FUND.

In 1924, the County Council passed the following resolution:—

“ That one year's interest on the capital sum representing the balance of the West Riding Distress Fund be applied by the County Council, through their Public Health and Housing Committee, towards the alleviation of cases of distress disclosed in connection with the work of the Child Welfare and Tuberculosis Sub-Committee.” This resolution is renewed annually.

In 1930, a sum of £84 3s. 11d. was disbursed out of this fund as follows:—Payment for fares for the attendance of children at General Hospitals and Dispensaries in the Riding, £52 13s. 4d.; provision of surgical appliances, £19 18s. 6d.; provision of clothing for children on admission to Convalescent Homes, £3 10s. 1d.; massage treatment, £4 2s. 0d.; district nursing fees for special case, £4 0s. 0d.

CHILDREN ACT, 1908 (PART I).

Section 2 (a) of the Local Government Act, 1929, provides that as from the 1st April, 1930, the functions under Part I of the Children Act, 1908, formerly discharged by Poor Law Authorities shall be discharged by the Councils of Counties as functions under the Maternity and Child Welfare Act, 1918, except in those districts which are their own Authority under the Maternity and Child Welfare Act.

The Child Welfare Sub-Committee have decided that the two Inspectors of Nurses and the Health Visitors employed by the County Council shall act as Infant Protection Visitors in their respective areas.

The main object of Part I of the Children Act is to secure that any child under seven years of age who is maintained “ for reward ” shall be notified to the Clerk of the Local Authority in order that it may be kept under observation and supervision.

Visits are made monthly and in cases where the Infant Protection Visitor is not satisfied with the condition of a child or the home and where any irregularity occurs the circumstances are reported immediately and investigations made by the Assistant County Medical Officer or one of the Inspectresses.

The number of children on the register is 170 and during the nine months, 1st April to 31st December, 1930, 566 visits were made by Infant Protection Visitors.

CHILDREN UNDER SCHOOL AGE.

In December, 1929, the Minister of Health and the President of the Board of Education issued a joint Circular to Maternity and Child Welfare Authorities and Local Education Authorities—Circular 1054 (Ministry of Health) and Circular 1405 (Board of Education).

The importance of this subject has been recognised for some time, and in the County Medical Officer's Report for 1926, page 56, it is dealt with:—

Children under Five.—The report on School Medical Inspection for 1926 touches upon the nutrition of children entering school (at five years of age). The standard in many cases is considered not to be as high as it should be and that this was due to the child entering upon a period of comparative neglect between the age of one year and five. Several reports (from Child Welfare Centres) advert to the fact that the attendance of children over one year is not as good as could be wished. By continuing under periodic medical supervision from one year to five years, they receive considerable benefit. From one centre comes the report: "Undoubtedly many children get treatment for defects at an earlier age than they otherwise would do, especially with regard to such things as enlarged tonsils and adenoids, phimosis, squint, and defective sight. During the last year three 'toddlers,' about two years of age, have got glasses. This is quite an achievement, for it is generally difficult to persuade mothers to get glasses for children, even in the 'entrant' age group at school."

At the last revision course for Health Visitors, a lecture by Dr. Eric Pritchard on feeding of children from one to five years was put on the Syllabus to equip our Nurses with authoritative information on this subject.

The long quotation above and this last fact will show that the need for special attention to this class of child has not only not been overlooked, but has been specially stressed.

The appendix to this memorandum contains certain concrete suggestions:—

Facilities for the medical examination for these children where the Health Visitor is doubtful as to their health or physical condition.	This is already provided for. The Health Visitors have instructions to visit such children once in three months and to persuade their mothers to bring them to the Child Welfare Centres at intervals until of school age. If any such children display unsatisfactory tendencies, their mothers are specially urged to bring them for examination.
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It would be necessary for the Authority to arrange for facilities for examination and treatment to be available . . . at a clinic or hospital.	Some elementary treatment is given at Clinics, but these are mainly advisory.
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A sum of £200 per year is set apart for the hospital treatment of children under five, and such children will be able to benefit by the orthopaedic scheme now in hand.

Provision of day nurseries.

Has not been considered.

LOCAL EDUCATION AUTHORITIES.

(a) NURSERY SCHOOLS.

This subject was discussed briefly from the medical point of view in the Annual Report of the School Medical Officer for 1925, and the conclusions are that in industrial areas there is scope for Nursery Schools for the following reasons:—

- (1) The child comes earlier under medical inspection.
- (2) If a child stayed the whole day its nutrition would be on better lines probably than at home.

- (3) It would be safeguarded against accidents due to motor traffic on the road, except when going to or from school.
- (4) The question of infection (whooping cough and measles) is mentioned, but the Memorandum under discussion considers that there is no "undue risk."

Provision of Nursery Schools.

Provision has been made for the erection of three Nursery Schools, one in each year of the three years of the programme. In addition to providing the physical benefits mentioned above, the nursery school is a very valuable educational asset in giving early training in good habits and self-discipline.

Recommendations as to buildings.

Will be carefully noted and incorporated in planning Nursery Schools.

Planning and equipment.

Do.

General conduct.

Do.

Play facilities.

Do.

Rest facilities.

Do.

Sleep facilities.

Do.

Meals.

Do.

Cleanliness.

Do.

Staffing.

Do.

Qualifications.

Do.

(b) CHILDREN UNDER FIVE IN ELEMENTARY SCHOOLS.

"The schools have always contained a number of children between the ages of three and five."

There are on the school registers about 11,000 under five years of age.

Authorities should consider the possibility of extending and improving the provision which they at present make for children under five in their Elementary Schools, either by means of "Nursery Classes" or otherwise.

In the planning of new Elementary Schools, where a separate Nursery School in the district is not contemplated, it is intended to provide a "Babies" room on more ample lines than in the past. This room will, as a rule, be detached from the ordinary classrooms—planned on open-air lines, and with its own cloakroom and lavatory accommodation.

Planning of new Infants' Schools:

The desirability of including provision for children between three and five should be carefully considered.

These will be carefully noted for future guidance.

Nursery School Model.

Open-air lines.

Abundant space.

Lavatory provision.

Cold and hot water.

Furnishing.

Provision of milk, morning and afternoon.

Staffing.

Medical Inspection.

The School Medical Service will be adapted to include children between three and five years, for ordinary medical inspection—hospital and School Clinic treatment, dental, ophthalmic and orthopædic treatment.

PART IV.

TUBERCULOSIS SCHEME.

For the Administrative County of the West Riding during 1930 the death-rate from pulmonary tuberculosis, 0·57 per 1,000 population, is the lowest on record. During recent years there has been a steady decline in this death-rate, and except for a slight increase during 1929, which coincided with a higher death-rate in respiratory diseases in general, the death-rate from pulmonary tuberculosis has reached a minimum for 1930.

The total number of deaths from respiratory tuberculosis in the West Riding during 1930 was 876, as compared with 1,011 for 1929. The deaths during the preceding six years were as follows:—

1930	...	...	...	876	1927	...	...	...	981
1929	...	...	...	1011	1926	...	...	...	966
1928	...	...	...	926	1925	...	...	...	1081

With regard to non-pulmonary tuberculosis, the total deaths, 309 for 1930, represent a death-rate of 0·20 per 1,000 people, and is the lowest on record for the County. It will be observed from Table V that during the past 10 years a remarkable drop has taken place in the death-rate for surgical tuberculosis in young children, i.e., age groups under 1 year and 1 year and under 2 years. The figure for 1930, especially with regard to infants under 1 year, has been reduced by more than half compared with 1920.

Compared with 1929 and previous years, there has been an appreciable decrease in the incidence of tuberculosis in most districts in the West Riding, but more especially in Sowerby Bridge and Wakefield.

Some areas in South Yorkshire, especially those thickly populated industrial areas, still contribute a high death-rate from tuberculosis, notably Mexborough, Doncaster, Pontefract and Barnsley, as compared with Keighley and Otley areas, which include large rural tracts.

Of the textile districts, Batley and Sowerby Bridge show a satisfactory decline, and Huddersfield a slight increase on the figure for 1929. From Table V it will be observed that for the 10 years period 1920–1929 more than two-thirds of the deaths from pulmonary tuberculosis occurred in the two age-groups 15 and under 25, and 25 and under 45.

Out of a total 9,689 deaths in adults (15 years and over, both sexes), 6,659 occurred in the early adult and middle-age groups. Taking the same period, a striking feature of the table is a marked excess of deaths from pulmonary tuberculosis in young adult females over males in age groups 15 and under 25 years. The same high rate was maintained during 1930, when deaths of young females from pulmonary tuberculosis reached the figure of 134, as compared with 81 in men. Investigating these female deaths with regard to the occupation followed at the time of death the following facts were revealed:—

41 Textile Workers.
19 Domestic Servants.
7 Mineral Factory Workers.
3 Dressmakers.
2 Shop Assistants.
1 Teacher.
3 Nurses.
1 Housekeeper.
1 Nail Factory Worker.
2 Clerks.
54 Unemployed.

134

113 of the above were unmarried.

For the Administrative County as a whole the middle-age groups, 25 and under 45 years (both sexes) still claim the highest death roll from pulmonary tuberculosis, and during the year 1930 represented over 351, or approximately 2/5ths of the total 876 deaths from pulmonary tuberculosis.

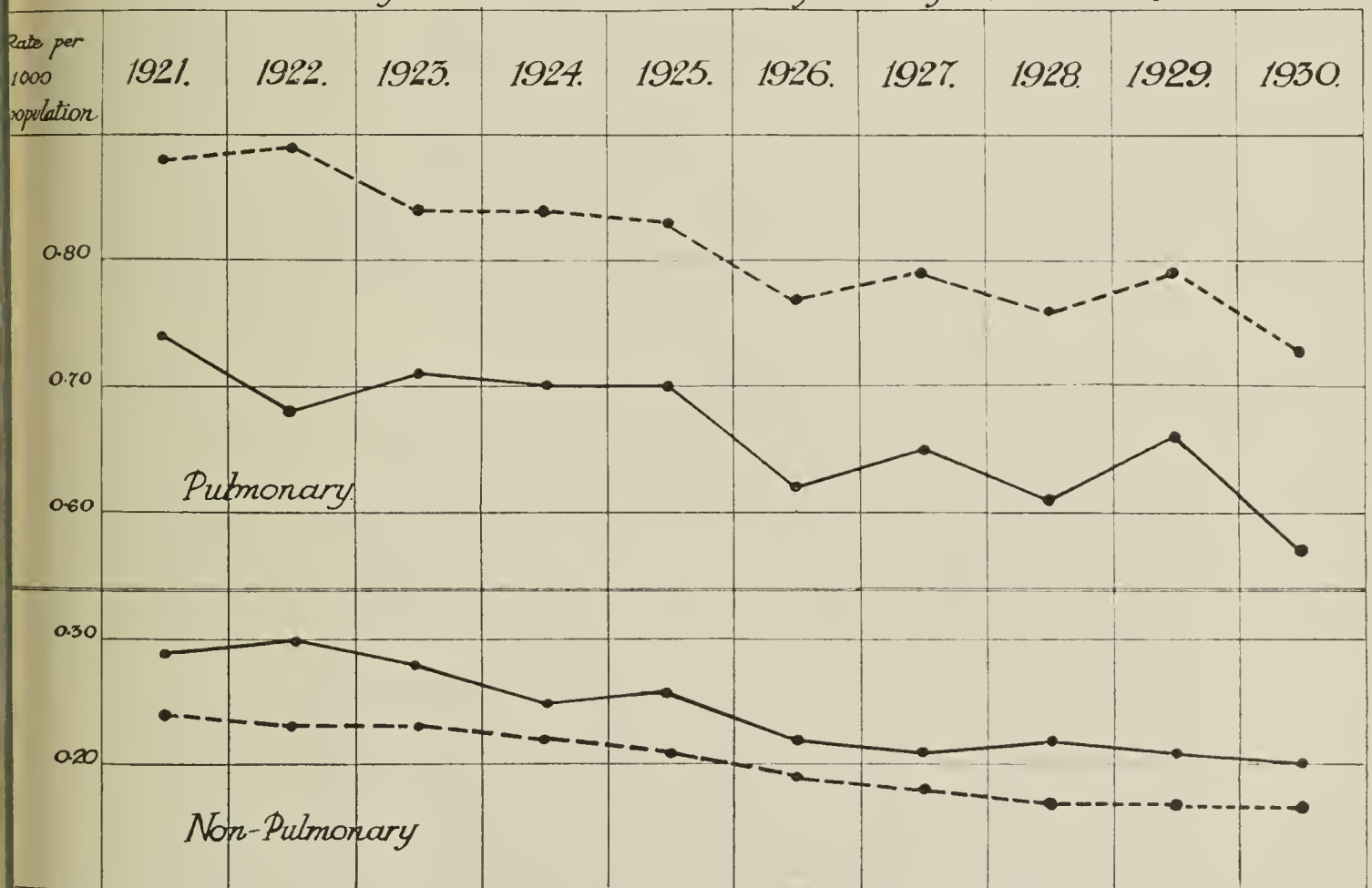
During the ten years' period 1920–1929 surgical tuberculosis has taken toll of 2,256 deaths amongst children under 15 years, representing almost two-thirds of the total in all age groups.

There has been a satisfactory decline in the death-rate from surgical tuberculosis in age groups under 1 year and 1 year and under 2 years.

The age group 5 and under 15 years is still the individual group with the highest mortality from surgical tuberculosis, and the total number of deaths during 1930 was 62.

During the 10 years period 1920-1929, 3,849 deaths, all ages from surgical tuberculosis were recorded. This group (5 and under 15 years), with its 722 deaths, represented approximately 20 per cent. of the total.

CHART SHEWING MORTALITY FROM TUBERCULOSIS DURING THE YEARS 1921-1930
in West Riding Administrative County & England & Wales.



W.R. Administrative County = Thick Black Line
England and Wales = Broken Line

TABLE I.
MORTALITY FROM TUBERCULOSIS OF THE RESPIRATORY SYSTEM
(PULMONARY TUBERCULOSIS).

West Riding Administrative County.							
Year.	Total No. of Deaths.			Death-rate per 1,000 of population.			England & Wales Death-rate.
	County.	Urban.	Rural.	County.	Urban.	Rural.	
1920†	1068	832	236	0·71	0·75	0·60	0·89
1921	1129	897	232	0·74	0·79	0·60	0·88
1922	1021	803	218	0·68	0·72	0·58	0·89
1923	1070	845	225	0·71	0·75	0·59	0·84
1924	1066	824	242	0·70	0·73	0·62	0·84
1925	1081	826	255	0·70	0·72	0·65	0·83
1926	966	736	230	0·62	0·65	0·56	0·77
1927	981	739	242	0·65	0·68	0·57	0·79
1928	926	706	220	0·61	0·64	0·51	0·76
1929	1011	747	264	0·66	0·68	0·62	0·79
Average for 10 years, 1920- 1929	1032	796	236	0·68	0·71	0·59	0·83
1930	876	673	203	0·57	0·62	0·46	0·74

† For 1920 and subsequent years deaths from miliary tuberculosis, which were previously included under "pulmonary" tuberculosis, are now classified under "other forms of tuberculosis." This alteration is but slight, and the rates from 1920 are comparable with those for previous years.

TABLE II.
MORTALITY FROM OTHER FORMS OF TUBERCULOSIS.

Year.	West Riding Administrative County.						<i>England & Wales Death- rate.</i>
	Total No. of Deaths.			Death-rate per 1,000 of population.			
	County.	Urban.	Rural.	County.	Urban.	Rural.	
1920	429	338	91	0·29	0·31	0·23	0·26
1921	437	329	108	0·29	0·29	0·28	0·24
1922	448	340	108	0·30	0·30	0·29	0·23
1923	425	320	105	0·28	0·29	0·27	0·23
1924	380	279	101	0·25	0·25	0·26	0·22
1925	396	307	89	0·26	0·27	0·23	0·21
1926	348	258	90	0·22	0·23	0·22	0·19
1927	323	246	77	0·21	0·23	0·18	0·18
1928	342	246	96	0·22	0·22	0·22	0·17
1929	321	223	98	0·21	0·20	0·23	0·17
Average for 10 years. 1920- 1929	385	289	96	0·25	0·26	0·24	0·21
1930	309	213	96	0·20	0·20	0·22	0·16

See footnote to Table I, Mortality from Tuberculosis of the Respiratory System.

TABLE III.
TUBERCULOSIS DEATHS, 1930.

	Sex.	Age Groups.									All Ages
		Under 1 and 1 year	under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards	
<i>Respiratory Tuberculosis—</i>											
Urban Districts	M.	—	—	2	6	62	140	151	15	2	378
	F.	1	—	1	14	99	125	41	14	—	295
Rural Districts	M.	1	2	—	1	19	43	40	3	—	109
	F.	—	—	—	4	35	43	11	1	—	94
County		2	2	3	25	215	351	243	33	2	876
<i>Other Tuberculous Diseases—</i>											
Urban Districts	M.	14	6	22	24	15	16	19	3	1	120
	F.	6	8	16	21	16	12	12	2	—	93
Rural Districts	M.	6	11	9	5	9	5	8	—	—	53
	F.	5	4	9	12	3	6	4	—	—	43
County		31	29	56	62	43	39	43	5	1	309

TABLE IV.

DEATHS FROM TUBERCULOSIS IN THE WEST RIDING DISPENSARY AREAS DURING 1929 AND 1930.

Dispensary Area.	Death-rate per 1,000 of the population.						Percentage of deaths from Respiratory Tuberculosis in children under 10 to deaths from Respiratory Tuberculosis at all ages.*		Percentage of deaths from Non-pulmonary Tuberculosis in children under 10 to total deaths from Non-pulmonary Tuberculosis (all ages).*	
	Tuberculosis (all forms and ages).		Phthisis (all ages).		Non-pulmonary tuberculosis (all ages).		1929.	1930.	1929.	1930.
Barnsley ...	0.95	0.81	0.77	0.63	0.18	0.18	5.3	4.2	63.6	68.7
Batley ...	0.71	0.59	0.56	0.48	0.15	0.11	—	—	30.7	45.4
Doncaster ...	0.94	0.98	0.69	0.63	0.25	0.35	6.6	7.2	72.2	62.5
Huddersfield ...	0.73	1.00	0.58	0.73	0.15	0.27	—	—	27.2	46.1
Keighley ...	0.82	0.67	0.66	0.53	0.16	0.14	2.1	—	26.1	8.3
Mexborough ...	0.82	1.10	0.52	0.85	0.30	0.25	2.1	3.8	57.9	80.0
Otley ...	0.76	0.61	0.58	0.47	0.18	0.14	—	1.1	30.9	39.0
Pontefract ...	1.08	0.85	0.83	0.62	0.25	0.23	5.3	1.1	36.3	67.9
Rotherham ...	0.64	0.63	0.52	0.46	0.12	0.17	6.5	—	54.5	61.5
Sowerby Bridge ...	0.91	0.75	0.74	0.57	0.17	0.18	1.2	4.5	38.5	29.4
Wakefield ...	1.20	0.73	0.80	0.52	0.40	0.21	5.9	3.7	67.6	56.2

* Compiled from returns of deaths from tuberculosis (all forms) obtained from local Registrars of Births and Deaths.

	1920.	1921.	1922.	1923.	1924.	No. of deaths 5 years, 1920-24.	Per- cent- age of total deaths of either sex, 5 years, 1920-24.	1925.	1926.	1927.	1928.	1929.	No. of deaths 5 years, 1925-29.	Per- cent- age of total deaths of either sex, 5 years, 1925-29.	1930.	Per- cent- age of total deaths of either sex, year 1930.
<i>Pulmonary Phthisis.</i>																
Under	6	3	1	8	2	20	0.70	4	4	2	1	5	16	0.60	1	0.20
1 year	—	8	4	3	—	15	0.60	5	1	2	—	1	9	0.38	1	0.26
1 and	9	9	2	5	3	28	0.99	2	5	5	5	2	19	0.71	2	0.41
2 and	6	3	2	3	4	18	0.72	2	1	3	1	3	10	0.42	—	—
2 and	9	3	3	13	3	31	1.09	3	8	9	4	4	28	1.05	2	0.41
under 5	7	4	5	7	7	30	1.19	7	6	6	5	4	28	1.17	1	0.26
5 and	18	14	17	17	13	79	2.78	11	17	18	17	24	87	3.26	7	1.44
under 15	39	42	29	36	28	174	6.92	39	27	18	33	21	138	5.75	18	4.63
15 and	84	117	88	94	103	486	17.11	85	85	88	80	95	466	17.47	81	16.63
under 25	133	144	128	142	142	689	27.42	128	128	130	147	126	686	28.62	134	34.44
25 and	217	263	215	223	261	1179	41.50	215	215	188	197	216	1064	39.88	183	37.58
under 45	233	204	207	202	199	1045	41.58	299	299	194	162	199	1044	43.55	168	43.19
45 and	182	178	191	174	168	893	31.43	152	161	184	170	199	866	32.46	191	39.22
under 65	84	96	86	102	86	454	18.07	97	71	94	64	68	394	16.44	52	13.37
65 and	25	26	25	24	25	125	4.40	27	23	20	22	30	122	4.57	20	4.11
upwards	16	15	18	17	22	88	3.50	21	15	20	18	14	88	3.67	15	3.85
All	550	613	542	558	578	2841	100.00	565	518	514	496	575	2668	100.00	487	100.00
Ages	518	516	479	512	488	2513	100.00	516	548	467	430	436	2397	100.00	389	100.00
<i>Non-Pulmonary.</i>																
Under	50	39	35	30	30	184	16.36	20	21	28	26	17	112	12.24	20	11.56
1 year	29	23	26	18	12	108	10.87	25	16	11	19	6	77	9.45	11	8.09
1 and	21	23	31	32	35	142	12.62	25	29	16	18	18	106	11.58	17	9.83
2 and	15	27	27	37	21	127	12.78	24	12	20	20	12	88	10.80	12	8.82
2 and	18	34	42	43	22	159	14.13	42	27	30	34	35	168	18.36	31	17.92
5 and	27	34	31	29	31	152	15.29	27	28	17	16	23	111	13.62	25	18.38
under 15	56	51	43	41	33	224	19.91	28	34	32	29	26	149	16.28	29	16.76
under 15	47	39	38	28	43	195	19.62	36	26	28	33	31	154	18.90	33	24.26
15 and	35	25	26	35	32	153	13.60	24	23	23	26	22	118	12.90	24	13.87
under 25	18	27	34	35	28	142	14.28	33	30	26	25	29	143	17.55	19	13.97
25 and	27	22	30	23	26	128	11.38	28	31	19	26	33	137	14.98	21	12.14
under 45	33	36	22	28	23	142	14.28	26	29	18	32	19	124	15.21	18	13.24
45 and	24	25	20	17	17	103	9.16	20	19	26	16	20	101	11.04	27	15.61
under 65	16	19	28	18	16	97	9.76	21	13	22	13	18	87	10.67	16	11.77
65 and	7	10	5	4	6	32	2.84	8	5	1	7	3	24	2.62	4	2.31
upwards	6	3	10	7	5	31	3.12	9	5	6	2	9	31	3.80	2	1.47
All	238	229	232	225	201	1125	100.00	195	189	175	182	174	915	100.00	173	100.00
Ages	191	208	216	200	179	994	100.00	201	159	148	160	147	815	100.00	136	100.00

TABLE VI.

NOTIFICATIONS RECEIVED DURING 1930 UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

AGE PERIODS.	Primary Notifications on Form A.												Primary Notifications on Form B.				Form C. (Admissions).	
	0 1	1 5	5 10	10 15	15 20	20 25	25 35	35 45	45 55	55 65	65 and over.	Total.	0 5	5 10	10 15	Total.	Poor Law Institu- tions.	Sanatoria
Pulmonary (Males) ...	—	16	67	39	114	107	230	158	140	57	12	940	—	2	—	2	10	795
Do. (Females) ...	1	8	55	58	111	119	165	93	41	22	8	681	—	—	—	—	7	546
Non-Pulmonary (Males)	9	63	134	73	40	25	42	18	16	8	1	429	1	4	2	7	1	124
Do. (Females).	7	56	115	74	32	28	36	20	6	1	4	379	—	4	—	4	5	88

TABLE VII.

NOTIFICATIONS RECEIVED DURING THE PERIOD 1920-1930 UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Year.	FORM "A."					FORM "B."				
	Pulmonary Cases.		Non-Pulmonary Cases.		Total.	Pulmonary Cases.		Non-Pulmonary Cases.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
Average 5 years. 1920-1924 ...	1094	917	282	260	2553	14	15	22	20	71
1925 ...	1415	1243	427	439	3524	4	8	9	11	32
1926 ...	1535	1298	490	472	3795	3	5	12	11	31
1927 ...	1322	1102	458	393	3275	1	1	8	5	15
1928 ...	1255	1085	469	365	3174	1	1	5	3	10
1929 ...	1253	879	390	340	2862	2	—	6	2	10
1930 ...	940	681	429	379	2429	2	—	7	4	13

There is still too large a proportion of delayed notifications on the part of the practitioners. In some instances no notification is received until the patient has entered a sanatorium, or the disease has become far advanced, or death has taken place.

Deaths from Tuberculosis frequently occur where no previous notification has been made.

Any uncertainty as to the responsibility for primary notification was made clear by the issue of T.T.45 to the Dispensary Staff, wherein it was pointed out that it was the duty of the District Tuberculosis Officer to notify each new case coming before him, and accepted as suffering from tuberculosis, within 48 hours and to notify the practitioner of his intention. Local Authorities are reminded of this responsibility in seeing that the requirements of the regulations are fully observed in their districts—Section 3, Public Health Act, 1896.

No action was taken during 1930 under Section 62 of the Public Health Act, 1925, or under the Public Health (Prevention of Tuberculosis) Regulations, 1925.

Notification of surgical tuberculosis is more satisfactory.

Failure or delay in notifying cases of surgical T.B. is partly due to the fact that many of these cases are referred to the Tuberculosis Authority from local hospitals. Such cases as are accepted by this Authority are duly notified. Some patients, however, are admitted and discharged from general hospitals without being referred to the Local Authority, and presumably never notified.

TABLE SHOWING EXTENT OF NOTIFIED CASES IN THE WEST RIDING IN
DECEMBER, 1929 AND 1930.

	Pulmonary.		Non-Pulmonary.		Totals.
	Males.	Females.	Males.	Females.	
No. of cases on registers of local Medical Officers of Health at end of 1929 ...	6377	4788	2612	2231	16008
New cases notified in 1930 ...	949	684	438	384	2455
Cases removed from registers during 1930 ...	1016	671	407	272	2366
No. of cases on registers of local Medical Officers of Health at end of 1930 ...	6310	4801	2643	2343	16097

With regard to the keeping of registers and census of cases, the Medical Officer of Health should remove from his register entries of notifications relating to persons who have died or ceased to reside permanently within the district, as well as the cases in which after notification: (a) The diagnosis of tuberculosis (with the consent of the practitioner) is not established, and (b) patients cured of the disease. Further Statutory Rules and Orders, i.e., Ministry of Health Circular 1411 (1924), require that a Medical Officer of Health should furnish at the end of each quarter a statement compiled from the register of notifications to include:—

- (1) Number of cases of tuberculosis on his register at the commencement of the quarter.
- (2) Number of cases notified to him (under the 1912 Regulations) for the first time during the quarter.
- (3) Number of cases removed from the register during the quarter.
- (4) Number of cases remaining on the register at the end of the quarter.

The terms of this circular have been carried out during the year. Consultations between Medical Officers of Health and District Tuberculosis Officers have taken place, and have resulted in a substantial reduction of old notifications and a satisfactory re-adjustment of the registers.

DISPENSARY SCHEME.

The deaths from tuberculosis (all forms) in the Administrative Area for 1930 were 1,185: Respiratory tuberculosis 876, other forms 309. During the year 5,094 new cases attended the Dispensaries. Of these 1,994 were accepted as suffering from tuberculosis and recommended for treatment.

The total number of attendances at Dispensaries during 1930 were 33,342, of these 28,248 represented old cases.

Dispensary attendances of old and new cases (including contacts) during the years 1926–1930 (inclusive):—

	1926.	1927.	1928.	1929.	1930.
New cases examined:—					
(a) Contacts ...	1635	1456	1533	1599	1313
(b) Others ...	3786	3713	4173	3970	3781
Old and New Attendances	38138	35106	35596	34358	33342

Of the applications for treatment during the year:—

- 1393 were recommended Sanatorium Treatment.
- 242 were recommended Hospital Treatment.
- 181 were recommended Dispensary Treatment.
- 1807 were recommended Dispensary Supervision.
- 601 were referred to their own Doctor.

Observation Cases.—During the year 313 adults were referred to Sanatoria for observation, 144, or 46 per cent., were accepted as suffering from tuberculosis. With regard to children, 128 were similarly referred, and 56, or 43 per cent., accepted.

The New Dispensary Re-organisation Scheme was not approved until towards the end of the year 1930. The details of this scheme, together with a report upon the after-histories of Sanatorium patients, is given at the end of this section of the report.

The work under the West Riding Tuberculosis Dispensary Scheme was directed principally towards diagnosis, problems relating to contacts, control of infectious cases, sanatorium treatment of early cases, and propaganda.

Throughout the year there has been a continual lack of work in many industrial areas, with a consequent lowering of the standard of health generally.

The problem of massive infection is still one of the gravest concerns of the Dispensary Staff. During the year 263 advanced positive cases were discharged from hospital, and, however laudable Sanatorium Education, there still remain the grave home risks associated with poverty, overcrowding and indifference of ex-patients.

A difficulty in limiting sources of infection lies in the fairly frequent removal of infectious patients from one house to another, and the impossibility of having the house disinfected before another family takes it over.

Another source of danger, becoming more common, is the existence of caravans, many quite unfit for human habitation. These caravans are to be found scattered all over the Riding.

The District Tuberculosis Officer, Rotherham Area, comments adversely upon those occurring at Catcliffe, Ravenfield Common, Loxley and Aughton.

With regard to the occurrence of surgical tuberculosis in children living in households with open and infectious cases of pulmonary tuberculosis, one District Tuberculosis Officer investigated the cases occurring in his industrial area and commented:—"It was found that of 305 cases of surgical tuberculosis, 107 came from houses where there were known cases of phthisis 'and 198 did not.'" A further investigation into this question will shortly be made for the whole Administrative Area. To counteract the risks of infection as far as possible the Dispensary Staff concentrate on: (1) Recommending for early removal to hospital for segregation purposes patients who are in an advanced state of disease; (2) providing suitable means of isolation in the homes of such cases on their return from hospital, e.g., shelters, bed, bedding, etc.

During the year 100 shelters were in use, and 56 patients were provided with beds and bedding. Details are shown in separate tables.

During the year 1,313 contacts were examined, i.e., of persons immediately associated with notified and accepted cases. In this connection, 2,738 visits were made by District Tuberculosis Officers to patients at their homes, and 49,025 by Health Visitors and Dispensary Nurses.

Of the pulmonary contacts referred to the dispensaries for opinion, 242 were accepted, 464 placed under observation, and 434 were not accepted. Of the non-pulmonary contacts, 89 were accepted, 56 placed under observation, and 28 were not accepted.

During the year all unnecessary attendances at dispensaries were reduced to a minimum by the discriminate selection of new cases and re-examination of old cases and wherever possible by referring them to their private practitioner. Similarly with children, many weakly and anæmic children with vague and indefinite signs were referred back to the School Medical Officers, where examination had not confirmed the disease. It will be observed from Tables XIII and XIV that for the year under review, and compared with 1929, there was a much larger proportion of patients written off the registers as "diagnosis not confirmed" or "non-tuberculous."

It will be noted from Table X that 1,221 consultations took place between District Tuberculosis Officers and private practitioners during the year. Co-operation with local practitioners has been cordially maintained.

Unfortunately, there is still a tendency for some practitioners to delay sending their cases to the dispensaries until the disease is far advanced and there is little prospect of cure. Some practitioners complain that little can be done for the consumptive at sanatoria, whether caught late or early, but

this is erroneous, for with the advent of radiography and artificial pneumo-thorax treatment a great deal can be done for the patient, if not to cure him, at any rate, to render his life comfortable and lessen the risk of infection to others.

It is particularly desirable in this report to emphasise the need for a closer co-operation, and it is hoped that the new re-organisation scheme and the appointing of consultants will bring this about.

No special methods of treatment have been undertaken at the dispensaries other than the continuation of tuberculin treatment in selected cases. Patients requiring artificial pneumo-thorax refills attend as out-patients at Middleton Sanatorium (men) and Cardigan Sanatorium (women). The arrangement is very inconvenient for many patients and is costly in transport. Under the new scheme a large number of such cases will in future be treated at the dispensaries.

During recent years fewer cases have been referred to the Tuberculosis Officers by the School Medical Officers, as it is appreciated that pulmonary tuberculosis is rare during school-age. Several cases of distressing non-tuberculous lung disease, particularly bronchiectasis, have been seen, and on this matter one District Tuberculosis Officer observes, "One feels sorry that such cases do not come within our domain, as they respond well to treatment."

It is obvious from the various District Tuberculosis Officers' reports that the housing conditions in many areas are deplorable. One officer, commenting upon the housing conditions in his area, states, "Poverty is so rife in this district that many families elect to share the same house and so save expense in rent. Many of these houses are grossly overcrowded, although many vacant houses are procurable in the neighbourhood." Another states, "The provision of Council houses has been a notable advance, and the benefit of suitable accommodation in good surroundings has been evident, not only in the case of the tubercular subject, but in the improved health of the entire household. A difficulty, however, arises in the rental of these houses, which often reaches the limit possible for a worker responsible for a wife and family. In some instances indeed there is evidence that the proportion of income spent in food has to be cut down in order to meet the demands of weekly rental."

Commenting upon the insanitary conditions, another states: "Better housing accommodation is, in my opinion, a secondary factor, the first principle lying in admitting all the air and sunshine possible into the present dwellings combined with scrupulous cleanliness, and the liberal use of disinfectant, soap and water. Many of the houses are in a deplorable condition inside—through lack of cleanliness on the part of the occupants—a difficult matter, no doubt, for the housewife, who has, maybe, three men of the family all in different shifts and meals and washing all at different times. The pit-head baths should help in this respect."

TABLE VIII.
ENVIRONMENTAL CONDITION OF PATIENTS.

Dispensary or Branch Dispensary.	Percentage of cases from houses where more than one family reside.	Percentage of cases from over- crowded houses.	Percentage of cases where patient sleeps in separate room.	Percentage of cases where patient sleeps in separate bed but not separate room.	Percentage of cases where patients sleep two in a bed.	Percentage of cases where patients sleep more than two in a bed.
Barnsley ...	9.1	11.0	16.5	14.4	33.4	15.6
Penistone ...	12.6	7.9	19.3	20.4	36.4	3.4
South Kirkby ...	9.8	6.3	18.4	14.9	39.2	11.4
Batley ...	0.7	0.5	8.3	21.4	57.2	11.9
Pudsey ...	1.5	0.0	11.5	29.0	53.4	4.6
Liversedge ...	0.9	12.2	15.9	22.2	43.6	5.2
Morley ...	0.8	9.7	21.2	19.2	40.2	8.9
Doncaster ...	10.7	0.4	23.6	19.8	44.3	1.2
Goole ...	7.8	1.5	28.2	25.1	35.9	1.5
Thorne ...	18.8	2.7	19.6	19.6	38.4	0.9
Huddersfield ...	3.2	3.5	16.0	21.1	52.4	3.8
Holmfirth ...	8.4	2.9	11.3	16.9	57.7	2.8
Marsden ...	8.9	0.9	9.9	15.8	63.6	0.9
Uppermill ...	6.8	2.6	16.3	12.6	59.1	2.6
Kelghley ...	7.2	14.7	26.9	22.2	26.8	2.2
Skipton ...	7.6	10.9	36.4	19.5	23.9	1.7
Barnoldswick ...	13.5	9.7	33.8	14.4	27.8	0.8
Mexborough ...	10.6	4.9	21.9	10.1	25.5	27.0
Goldthorpe ...	6.7	1.6	16.4	26.9	35.4	13.0
Otley ...	0.0	0.0	47.4	28.8	23.8	0.0
Shipley ...	1.2	11.6	34.2	16.4	31.7	4.9
Harrogate ...	2.9	1.8	52.6	22.8	19.9	0.0
Pontefract ...	13.2	2.5	20.0	24.8	35.4	4.1
Tadcaster ...	7.1	0.0	32.2	21.4	37.5	1.8
Scoby ...	3.9	3.9	10.3	31.2	46.8	3.9
Rotherham ...	10.9	1.6	14.2	18.2	43.7	11.4
Wadsley Bridge ...	6.9	4.6	17.9	18.7	38.9	13.0
Dinnington ...	8.9	1.3	15.4	12.3	44.7	17.4
Stocksbridge ...	9.9	2.2	14.9	16.6	41.9	14.5
Sowerby Bridge ...	3.7	3.3	27.8	29.1	34.0	2.1
Todmorden ...	2.3	1.6	30.2	34.6	29.7	1.6
Brighouse ...	5.4	4.9	15.2	30.9	41.3	2.3
Wakefield ...	1.9	1.6	24.0	22.9	43.2	6.4
Hemsworth ...	3.6	0.0	24.1	11.5	54.7	6.1
Normanton ...	12.0	1.2	19.6	15.7	46.1	5.4
Rothwell ...	5.2	0.9	22.6	20.8	47.8	2.7

HOME VISITATION BY DISPENSARY STAFF.

Year.	Visits by District Tuberculosis Officers.	Visits by Dispensary Nurses.	Visits by Health Visitors.
1926	2790	37107	7873
1927	2806	36587	8777
1928	2758	33120	6906
1929	2475	37197	6190
1930	2738	43534	5491

TABLE IX.

APPLICATIONS FOR TREATMENT, 1930.

	Kind of Treatment Granted.				Cases referred to own Medical Attendant.	Totals.
	Sana- torium.	Hospital.	Dispen- sary Treat- ment.	Dispen- sary Super- vision.		
New Cases	776	167	115	725	225	2008
Old Cases reconsidered ...	617	75	66	1082	376	2216
Totals ...	1393	242	181	1807	601	1224

TABLE X.

SUMMARY OF DISPENSARY WORK, 1930.

	Barnsley Area.	Batley Area.	Doncaster Area.	Huddersfield Area.	Keighley Area.	Mexborough Area.	Olley Area.	Pontefract Area.	Rotherham Area.	Sowerby Bridge Area.	Wakefield Area.	Total.
Number of Con- sultations with Practitioners ...	173	103	183	65	94	78	145	202	47	40	91	1221
Domiciliary Visits paid by Dispen- sary Nurses and Health Visitors to old and new cases	4889	3755	3445	5523	5405	6501	3173	5276	3669	3610	3779	49025
Visits paid by District Tuber- culosis Officer to patients at their homes	71	203	282	207	464	217	445	211	136	218	284	2738
Attendances made by old and new patients	4069	2119	3205	3427	2572	3000	2175	2720	3689	3238	3128	33342

Sandstone Industries (Silicosis) Scheme, 1929.—Under the above scheme, the number of initial examinations of newly-employed workmen during the year was:—

Number of cases examined	226
Number of certificates of suspension from further employment in the industries	5

During the year, Drs. Leitch and Rutledge attended a six weeks' course of instruction in X-ray work at the Brompton Hospital, London. In October Dr. Groves was transferred from the Mexborough area to the Rotherham area. Dr. Lee took over from Dr. Groves, and was appointed Medical Superintendent of Crookhill Hall on that date (temporary appointment).

Dr. H. Blyth resigned his post as District Tuberculosis Officer, Wakefield area, in December, and Dr. W. Davis was appointed in his place (temporary appointment).

Dispensary Premises.—With the introduction of new X-ray plant at Barnsley Dispensary, it was considered that the premises at Queen's Road would be too small for the purpose of an X-ray centre and dispensary. More commodious premises were obtained during the year at 46, Church Street.

Similarly at South Kirkby, as the accommodation at the old dispensary was very inadequate, new premises were obtained at Carr Lane.

X-Ray Examinations.—During the year, 331 X-ray examinations were made in connection with patients attending the dispensaries, as follows:—

Area.	For Diagnosis.				For Treatment.		Total..
	Pulmonary.		Non-Pulmonary.		Pul- monary.	Non- Pul- monary.	
	Pos.	Neg	Pos.	Neg.			
Barnsley	9	22	3	4	1	1	40
Batley	5	35	—	2	3	1	46
Doncaster	2	6	—	3	4	3	18
Huddersfield	2	2	—	3	—	—	7
Keighley	10	9	1	1	—	—	21
Mexborough	9	14	1	1	—	—	25
Otley	10	18	1	1	—	—	30
Pontefract	6	30	2	2	1	—	41
Rotherham	20	20	3	2	—	—	45
Sowerby Bridge	2	1	—	2	—	1	6
Wakefield	1	51	—	—	—	—	52
	76	208	11	21	9	6	331

New X-ray centres under the West Riding X-Ray Scheme (Tuberculosis Dispensaries) were not established during the year. Consequently, for routine examinations arrangements were made with general hospitals and private radiologists. These were as follows:—

For patients in the Barnsley, Mexborough and Rotherham Areas	Drs. Grout and Wilkie, Sheffield
For patients in the Batley Area	Wakefield Clayton Hospital
For patients in the Wakefield Area	Wakefield Clayton Hospital
For patients in the Doncaster Area	Dr. H. Miller (Doncaster)
For patients in the Keighley Area	Victoria Hospital, Keighley
For patients in the Otley Area	Dr. J. A. Thompson, Harrogate
For patients in the Pontefract Area	Dr. Scargill, Leeds
For patients in the Sowerby Bridge Area	Halifax Royal Infirmary
For patients in the Huddersfield Area	Huddersfield Royal Infirmary

Artificial Sunlight Treatment.—As the West Riding Dispensary Scheme does not include provision for actino-therapy, cases have to be referred to the following centres:—

Sheffield Royal Infirmary (daily clinics).
 Clayton Hospital, Wakefield.
 Leeds General Infirmary (daily clinics).
 Manchester and Salford Hospital for Skin Diseases (daily clinics).
 Victoria Hospital, Keighley (daily clinics).
 Huddersfield Royal Infirmary.
 Dr. Miller's Clinic, South Parade, Doncaster.
 Dr. Boyd's Clinic, 5, Prospect Place, Harrogate.

During the year 114 dispensary patients were referred for artificial sunlight treatment. Of these 20 were cases of adenitis (cervical), 86 lupus, 2 surgical tuberculosis, and 6 other tuberculous conditions. The table on page 132 indicates the work done and the results obtained. Under present arrangements delays are frequent; there are areas where long journeys have to be undertaken to reach the centres, and as many of those attending are children an escort is necessary.

TABLE XI.

RESULTS OF ULTRA-VIOLET RAY TREATMENT, 1930.

Dispensary Area.	Type of Case.	Number treated.	Total exposure (in hours).	Results of Treatment.				No. of Exposures
				Cured.	Much improved.	Improved.	No change.	
Barnsley ...	Adenitis (Cervical and Inguinal)	6	85	—	6	—	—	293
	Lupus	10	1177	3	6	1	—	1275
	Surgical tuberculosis	2	25	—	—	2	—	84
	Other conditions	1	3	—	—	1	—	12
Batley ...	Lupus	15	851	2	9	3	1	1926
Doncaster ...	Lupus	6	648	—	5	1	—	862
Huddersfield ...	Adenitis (Cervical and Inguinal)	2	21	—	—	2	—	89
	Lupus	6	944	1	4	1	—	543
Keighley ...	Adenitis (Cervical and Inguinal)	1	12	1	—	—	—	48
Mexborough ...	Adenitis (Cervical and Inguinal)	9	143	—	1	1	7	—
	Lupus	1	20	—	—	—	1	—
Otley ...	Lupus	6	523	1	4	1	—	705
Pontefract ...	Lupus	21	2170	8	11	2	—	3207
	Other conditions	3	234	1	2	—	—	265
Sowerby Bridge	Adenitis (Cervical and Inguinal)	1	9	—	—	1	—	38
	Lupus	2	74	—	2	—	—	400
Wakefield ...	Adenitis (Cervical and Inguinal)	1	33	—	1	—	—	88
	Lupus	19	1485	3	14	2	—	2012
	Other conditions	2	151	—	2	—	—	187

Surgical Appliances.—The following shows the number of patients who, while undergoing general dispensary treatment, have been provided during the year with the appliances indicated, viz.:—

Spinal Supports	...	...	...	...	...	14
Surgical Boots	...	...	...	...	...	7
Walking Caliper Splints	...	...	...	...	...	2
Crutches	...	...	...	...	...	2
Double Abduction Frames	...	...	...	...	...	2
Bradford Frame	...	...	...	...	...	1
Repairs to and conversion of Appliances	...	...	...	...	...	7

The total cost of the foregoing was £76 6s. 6d., of which amount the County Council paid £70 11s. 9d., whilst the balance of £5 14s. 9d. was subscribed by or on behalf of the patients concerned. In addition, a sum of £79 8s. 3d. was expended by the County Council on various types of orthopædic appliances supplied during the year to patients undergoing a period of residential institutional treatment.

The full cost of all appliances necessary in the treatment of surgical tuberculosis is borne by the County Council unless the income available for the family affected is equal to or in excess of the approved scale. In that event a contribution towards the cost is required, but in no case does this latter practice obtain where appliances are supplied by hospital authorities to in-patients as an essential part of their institutional treatment.

PROVISION OF CLOTHING.

A scheme for the provision of clothing to patients requiring treatment in sanatoria was adopted by the County Council in 1929, and set out in the Annual Report for that year. This allowed clothing to be provided for tuberculous patients, who would otherwise be unable to take advantage of treatment provided by the County Council, such clothing not to be retained by the patient unless the articles are unsuitable for taking back into stock, or are too worn to be of use to other patients. During the year 1930, extensive use has been made of the articles available, and in all 317 grants have been made as follows:

Middleton Sanatorium ...	149	Eldwick Sanatorium ...	15
Crookhill Hall Hospital ...	52	Mitchell Memorial Home ...	9
Cardigan Sanatorium ...	14	Other Institutions ...	78

The clothing consisted of the following articles:—

<i>Men.</i>	<i>Women.</i>	<i>Children.</i>
22 Coats	11 Coats	29 Coats
217 Vests	9 Dresses	26 Dresses
1 pair Trousers	26 Vests	64 Vests
34 pairs Slippers	23 pairs Combinations	38 pairs Combinations
1 Cardigan	28 pairs Knickers	48 pairs Knickers
185 Sleeping Suits	30 Nightgowns	10 pairs Trousers
115 Suits of Clothing	34 pairs Stockings	55 Nightgowns
197 pairs of Pants	13 pairs Shoes	91 pairs Stockings
221 Shirts	1 pair Slippers	55 pairs Shoes
5 Caps	1 pair Goloshes	29 pairs Slippers
1 pair Braces	5 Pullovers	22 Pullovers
154 pairs Socks	2 Sleeping Suits	6 Cardigans
120 pairs Boots		27 Sleeping Suits
		14 Suits
		10 pairs Pants
		50 Shirts
		3 Caps
		1 Hat
		10 Towels
		4 Overalls
		6 Scarves
		16 Pinafores
		7 pairs Gloves

The following articles of clothing were retained by the patients as being unsuitable for taking back into stock:—

<i>Men.</i>	<i>Women.</i>	<i>Children.</i>
14 Overcoats	4 Coats	13 Coats
48 Suits	6 Coat Dresses	25 Dresses
87 Vests	17 Vests	20 Bodices
86 pairs Pants	9 pairs Combinations	32 pairs Combinations
71 Sleeping Suits	6 pairs Knickers	41 Sleeping Suits
94 Shirts	24 Nightgowns	42 pairs Knickers
78 pairs Socks	16 pairs Stockings	70 pairs Stockings
66 pairs Boots	6 pairs Shoes	41 pairs Boots
5 pairs Slippers	1 pair Goloshes	23 pairs Slippers
4 Caps	3 Pullovers	20 Jerseys
1 pair Trousers		30 Shirts
		11 pairs Pants
		39 Vests
		14 Towels
		9 Overcoats
		1 Cap
		1 Hat
		17 Suits
		1 Cardigan
		1 pair Goloshes
		3 Scarves
		30 Nightgowns
		6 Pullovers
		12 Overalls
		4 pairs Gloves

WEST RIDING DISTRESS FUND.

The interest accruing from this War-time fund has, during the past few years, been placed at the disposal of the West Riding Public Health and Housing Committee for the relief of distressed cases coming to their notice through the various schemes for treatment and prevention. Up to September, 1929, the use of this Fund by the Tuberculosis Sub-Committee has been confined to the provision of clothing for destitute cases recommended for institutional treatment, but with the inception of the County scheme for the provision of clothing in these cases, the utilisation of this fund for this purpose was abandoned.

From a study of the figures submitted in recent years relating to the environmental condition of tuberculous patients coming under the purview of the dispensary staffs, it was very evident that some alleviation of the overcrowded conditions should be effected, and possibly further infection in the home prevented by the provision in suitable cases of beds and bedding. Since May, 1930, the Tuberculosis Sub-Committee have approved the provision of bedsteads, bedding, etc., in eleven cases, and the following articles have been supplied in 1930 at a cost of £40:—

Bedsteads	7	Blankets	36
Mattresses	7	Pillows	6

DENTAL TREATMENT.

Treatment has been approved in respect of 156 cases, at an estimated cost of £307 8s. 4d., and an actual cost (owing to patients leaving or being discharged from sanatoria before receiving treatment) of £285 3s. 4d. Towards this amount Approved Societies paid £75 15s. 0d., and the County Council £209 8s. 4d.

Particulars of treatment given are shown below:—

Institution or Dispensary.	No. of Cases.	Extractions.	Fillings.	Sealings.	Dentures.					Repairs, etc.	Re-making.
					Full Upper & Lower.	Upper.	Lower.	Part Upper.	Part Lower.		
Ilkley Sanatorium ...	12	63	4	1	3	1	—	2	2	—	—
Ilkley Sanatorium ...	2	26	—	—	2	—	—	—	—	—	—
Thornhill Memorial Home ...	5	4	—	—	3	—	—	—	—	1	—
Thornhill Sanatorium ...	3	9	—	—	—	—	1	—	—	—	—
Thornhill Hall Hospital ...	6	39	3	1	2	—	—	2	2	2	—
Thornhill Village Settlement ...	3	23	2	—	—	1	—	2	3	—	—
Thornhill Hall Train, Colony ...	2	7	—	—	—	—	1	—	—	1	—
Thornhill Orthopædic Hosp. ...	1	—	—	—	—	1	—	—	1	—	—
Thornhill Head Sanatorium ...	1	27	—	—	1	—	—	—	—	—	—
Thornhill Sanatorium, Wyton ...	77	289	79	—	—	—	—	—	—	—	—
Thornhill Sanatorium ...	30	88	1	—	—	—	—	—	—	—	—
Thornhill Dispensary ...	3	15	—	—	3	—	—	—	—	—	—
Thornhill Dispensary ...	5	49	—	1	4	—	—	1	1	—	—
Thornhill Dispensary ...	4	50	—	1	1	1	—	—	1	—	—
Thornhill Bridge Dispensary ...	1	21	—	—	1	—	—	—	—	—	—
Thornhill Dispensary ...	1	16	—	—	—	—	—	—	—	—	—
	156	723	89	4	20	4	2	7	10	4	—

In each case dental treatment was necessary for the patient to derive full benefit from institutional treatment. Particulars as to the financial status of the family and the need for dental treatment, etc., are investigated by the Chief Tuberculosis Officer prior to the commencement of treatment.

WAR PENSIONERS FOR TUBERCULOSIS.

Eleven new cases of war pensioners for tuberculosis were added to the registers during the year 1930, making at the end of the year 894 cases under active treatment who were in receipt of a pension from the Ministry of Pensions in respect of tuberculosis, the disease having been held to be either attributable to or aggravated by service conditions. The number of 894 shows a net decrease of 55 on last year's figures, due to deaths, removals, "recovered" cases, etc. Of the number of 894 pensioners 345 have been "accepted" by the Ministry of Pensions under the special arrangements detailed in the Ministry of Health's Memo. 30/T (Revised), and Memo. 146/T.

105 pensioners for tuberculosis received institutional treatment during the year [at a total cost to the County of £3,844, which amount has been reclaimed from the Ministry of Pensions under Memo. 30/T (Revised), and Memo. 146/T].

The table on page 135 shows the number of war pensioners for tuberculosis on various forms of treatment on the 31st December, 1930.

COMBINED TREATMENT AND TRAINING.

The following table gives details of the admissions and discharges of all classes of patients to courses of combined treatment and training with or without a view to ultimate Village Settlement. At the end of the year the County had 15 colonists, *11 at Preston Hall, Aylesford, Kent; 2 at Papworth Hall, near Cambridge, and 2 at the Cripples' Training College, Oswestry.

* This includes two cases which were admitted for treatment only, and were absorbed into the Settlement.

TABLE SHEWING THE ADMISSIONS TO AND DISCHARGES FROM COURSES OF COMBINED TREATMENT AND TRAINING, WITH OR WITHOUT A VIEW TO VILLAGE SETTLEMENT, OF ALL CLASSES OF PATIENTS DURING 1930.

Colony.	No. under training on 31/12/29.	No. admitted during 1930.	No. discharged during 1930.	No. remaining under training on 31/12/30.	Course.
Papworth Village Settlement, near Cambridge	2 11	1 8	2 4	1 15	Training. To qualify for Village Settlement.
British Legion Village, Preston Hall, Aylesford, Kent	2 5	4 11	3 9	3 7	Training. To qualify for Village Settlement.
East Lancs. Tuberculosis Colony, Great Barrow, Chester	—	2	—	2	Training.
Burrow Hill San. Colony, Frimley	—	6	—	6	Training.
Cripples' Training College, Oswestry, Salop	— 1	1 —	— 1	1 —	Training. To qualify for Village Settlement.
Totals	21	33	19	35	

Results: Of the 19 cases shown above as having been discharged, 2 were transferred to Village Settlements with their wives and families, where they are employed at the standard rate of wages, 3 were discharged as unlikely to become Colonists, 1 was temporarily discharged and re-admitted, and 13 cases did not complete courses, having been prematurely discharged for various reasons.

TABLE XII.

TABLE SHOWING THE NUMBERS OF WAR PENSIONERS FOR TUBERCULOSIS UNDER VARIOUS FORMS OF TREATMENT ON DECEMBER 31ST, 1930.

Tuberculosis Dispensary Area.	Dispensary.				General Dispensary Supervision.				Domiciliary.				Institutional (includes San., Hosp. and Training).				Totals.
	Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	
Barnsley ...	2	—	—	1	3	7	1	—	20	71	3	1	—	8	—	—	117
Batley ...	4	2	—	—	4	20	1	1	1	25	28	1	—	—	—	—	87
Doncaster ...	1	3	1	1	13	22	2	—	6	19	9	5	—	—	—	—	82
Huddersfield ...	8	7	3	5	2	1	—	—	3	21	3	3	—	1	1	—	58
Keighley ...	—	—	—	—	15	26	11	8	—	4	3	—	—	—	—	1	68
Mexborough ...	1	—	1	—	9	15	2	—	14	21	9	—	1	9	1	—	83
Otley ...	2	1	—	—	15	45	—	5	2	19	12	—	—	—	—	1	102
Pontefract ...	—	2	—	—	13	27	7	—	3	6	3	—	1	1	2	1	66
Rotherham ...	—	—	—	—	9	19	6	1	3	5	2	—	1	7	—	—	53
Sowerby Bridge ...	7	4	—	3	4	4	3	1	2	3	3	—	—	—	—	—	34
Wakefield ...	9	3	1	—	35	12	—	—	46	29	3	—	3	2	1	—	144
Totals	34	22	6	10	122	193	33	16	100	223	78	10	6	28	5	3	894

Extra Nourishment.—Grants of extra nourishment, in the form of milk and eggs, to patients receiving dispensary or domiciliary treatment, were made in 629 cases during 1930, at a cost of £2,322. The average number of patients in receipt of this grant was 253.

TABLE XIII.
SUMMARY OF DISPENSARY WORK, 1930.
(A) Pulmonary Cases.

Dispensary or Branch.	Patients on Dispensary Register 1/1/30.		Cases transferred or lost sight of, 1930.	Cases written off as cured in 1930.	Diagnosis not confirmed or non-tuberculous, 1930.	Deaths reported in 1930.	Patients on Dispensary Register 31/12/30.	
	Diagnosis completed.	Diagnosis not completed.					Diagnosis completed.	Diagnosis not completed.
Barnsley	1312	16	37	27	22	46	1280	9
Penistone ...	79	1	10	4	—	4	67	4
South Kirkby ...	448	2	9	2	—	28	435	6
Batley	445	7	76	47	12	11	318	7
Liversedge ...	204	3	15	9	—	21	187	2
Morley ...	276	3	20	12	—	10	262	—
Pudsey ...	150	6	12	2	—	12	139	—
Doncaster	619	4	53	5	25	52	656	2
Goole ...	257	—	23	4	—	17	253	—
Thorne ...	290	1	21	9	—	18	308	1
Huddersfield	202	9	11	29	1	38	181	8
Holmfirth ...	33	3	—	2	—	6	30	1
Marsden ...	80	—	—	11	—	4	73	4
Uppermill ...	147	1	2	14	—	4	138	2
Kelghley	238	1	6	17	8	56	220	3
Barnoldswick ...	149	1	48	28	2	9	70	1
Skipton ...	134	2	23	24	4	14	100	4
Mexborough	771	7	11	41	—	51	755	10
Goldthorpe	456	5	15	6	—	10	483	9
Otley	159	1	3	2	—	9	165	4
Harrogate ...	206	2	8	4	—	23	213	6
Shipley ...	144	3	9	7	—	22	145	5
Pontefract	971	23	50	114	26	70	859	20
Selby ...	96	3	7	9	—	8	81	4
Tadcaster ...	40	2	6	4	—	2	32	2
Rotherham	763	8	35	23	16	37	721	9
Dinnington ...	192	7	13	18	—	12	177	5
Wadsley Bridge	133	2	5	5	—	12	121	7
Stocksbridge ...	130	3	2	5	1	11	137	4
Sowerby Bridge	112	—	9	4	10	25	90	5
Brighouse ...	80	—	3	2	20	5	71	4
Todmorden ...	75	—	3	5	8	14	59	1
Wakefield	708	3	8	4	1	23	720	12
Hemsworth ...	627	7	19	1	—	19	635	11
Normanton	348	2	2	2	—	28	332	10
Rothwell ...	128	1	3	2	—	7	130	4
Totals ...	11202	139	577	504	156	738	10643	186

TABLE XIV.
SUMMARY OF DISPENSARY WORK, 1930.
(B) Non-Pulmonary Cases.

Dispensary or Branch.	Patients on Dispensary Register 1/1/30.		Cases transferred or lost sight of, 1930.	Cases written off as cured in 1930.	Diagnosis not confirmed or non-tuberculous. 1930.	Deaths reported in 1930.	Patients on Dispensary Register 31/12/30.	
	Diagnosis completed.	Diagnosis not completed.					Diagnosis completed.	Diagnosis not completed.
Barnsley	285	6	6	8	10	3	310	2
Penistone ...	46	2	3	1	1	—	46	—
South Kirkby ...	106	3	4	1	3	3	110	1
Batley	95	1	11	6	3	1	84	1
Liversedge ...	50	—	3	3	—	2	59	—
Morley ...	36	—	1	5	2	2	34	—
Pudsey ...	38	—	—	3	2	—	47	—
Doncaster	263	2	6	1	6	8	294	—
Goole ...	99	—	4	1	—	3	109	—
Thorne ...	58	1	3	—	1	2	81	—
Huddersfield	71	1	4	16	3	6	78	1
Holmfirth ...	25	3	1	4	1	—	25	—
Marsden ...	54	—	2	7	—	1	53	—
Uppermill ...	76	—	3	15	—	1	71	1
Keighley	90	1	5	4	2	5	90	2
Barnoldswick ...	16	—	6	5	3	—	7	—
Skipton ...	28	—	—	8	1	2	28	—
Mexborough	430	—	9	10	8	2	463	2
Goldthorpe ...	141	1	—	—	3	1	165	1
Otley	36	—	1	—	—	3	37	—
Harrogate ...	76	1	1	8	—	5	81	1
Shipley ...	15	1	—	3	—	—	23	—
Pontefract	218	1	11	52	6	12	194	3
Selby ...	30	1	3	2	—	2	29	—
Tadcaster ...	31	—	—	1	—	—	37	—
Rotherham	374	1	19	14	3	2	380	3
Dinnington ...	129	1	5	7	—	1	126	1
Wadsley Bridge ...	98	—	3	3	—	—	106	—
Stocksbridge ...	75	—	2	2	—	—	76	—
Sowerby Bridge	66	—	—	—	—	3	78	—
Brighouse ...	42	1	1	—	3	3	53	—
Todmorden ...	39	2	4	3	1	—	42	—
Wakefield	79	1	—	1	—	2	109	2
Hemsworth ...	40	1	2	1	—	1	47	1
Normanton ...	35	—	—	—	—	3	43	1
Rothwell ...	28	1	—	—	—	1	35	—
Totals ...	3418	33	123	195	62	80	3650	23

TABLE XV.
SUMMARY OF DISPENSARY WORK, 1930. NEW CASES EXAMINED.

Dispensary or Branch.	Pulmonary Cases.						Non-Pulmonary Cases.						Totals.
	Contacts.			Other Cases.			Contacts.			Other Cases.			
	Tuberculous.	Suspects.	Non-tuberculous.	Tuberculous.	Suspects.	Non-tuberculous.	Tuberculous.	Suspects.	Non-tuberculous.	Tuberculous.	Suspects.	Non-tuberculous.	
Barnsley	23	54	23	59	112	5	12	11	—	35	31	6	371
Penistone	3	13	—	6	13	8	1	—	—	2	12	7	65
South Kirkby	14	20	10	14	67	3	3	7	—	9	15	4	166
Batley	—	14	2	19	37	19	—	—	—	10	7	11	119
Liversedge	1	10	5	26	36	11	—	—	1	17	6	13	125
Morley	1	18	9	20	32	6	—	—	—	8	—	6	101
Pudsey	—	1	1	9	29	10	—	1	—	9	1	7	69
Doncaster	34	14	40	129	61	62	10	3	2	39	7	15	416
Goole	10	4	30	30	23	24	2	2	2	16	1	10	154
Thorne	7	7	19	51	45	56	2	5	2	23	12	9	238
Huddersfield	18	7	—	37	16	2	6	2	2	27	4	7	128
Holmfirth	—	6	1	1	6	—	2	—	—	1	3	5	25
Marsden	5	2	—	7	6	—	2	—	—	7	—	5	34
Uppermill	2	6	2	10	16	2	1	—	—	12	1	7	59
Keighley	15	8	21	49	13	24	1	—	—	14	3	15	163
Barnoldswick	3	2	5	5	14	21	1	—	1	4	1	5	62
Skipton	2	2	2	28	6	17	—	—	—	11	3	7	78
Mexborough	14	44	13	71	91	13	11	—	—	51	—	9	317
Goldthorpe	13	13	7	49	85	5	10	—	—	17	—	4	203
Otley	1	3	6	14	11	11	—	1	—	5	—	2	55
Harrogate	—	1	12	44	25	33	2	—	4	16	1	8	146
Shipley	—	2	4	37	30	21	1	—	1	9	5	2	112
Pontefract	20	70	127	123	161	34	4	9	5	52	29	3	637
Selby	2	1	10	8	10	1	1	2	1	3	1	4	44
Tadcaster	—	2	1	3	5	5	—	—	—	6	4	3	29
Rotherham	14	25	25	45	42	19	8	1	—	34	8	10	231
Dinnington	6	14	12	17	25	5	—	2	—	9	3	8	103
Stocksbridge	5	6	3	17	20	7	1	1	2	4	1	6	73
Wadsley Bridge	—	6	—	14	12	4	—	1	1	14	1	6	59
Sowerby Bridge	—	6	5	28	7	—	1	1	—	14	—	9	66
Brighouse	1	1	3	22	16	5	1	—	—	11	4	12	77
Todmorden	2	2	4	11	11	1	—	—	—	7	—	3	41
Wakefield	10	24	15	44	57	4	1	3	—	21	—	12	191
Hensworth	9	35	8	41	52	15	2	—	—	8	3	10	183
Normanton	4	9	2	20	28	3	1	1	—	10	2	9	89
Rothwell	3	16	7	14	1	2	1	2	1	6	3	9	65
Totals	242	464	434	1122	1220	458	89	56	28	541	172	268	5094

DOMICILIARY OPEN-AIR SHELTERS.

The practice of loaning open-air shelters to tuberculous patients for occupation in connection with their domiciliary treatment has been fully maintained, and approximately 100 of these structures have been in constant use throughout the Riding during the year. The shelters are much appreciated and are advocated as a convenient means of providing segregation by supplying separate sleeping accommodation near to the patients' dwellings, whilst they also enable the occupiers to avail themselves to the fullest possible extent of the advantages of an open-air life. The shelters are kept under supervision by the dispensary staff or the Tuberculosis Health Visitors according to the district in which the structure is situate, and periodical reports upon their condition are regularly furnished to the Department.

CARE COMMITTEES.

Those functions of a Public Health Department dealing with remedial measures constantly bring to light cases of distress and destitution which call for help of an economic nature as well as the need for medical treatment.

Probably in no sphere of this work is the need for such help exemplified more insistently than in the treatment of tuberculosis. Bad economic conditions reduce physical resistance to the disease, which, in its train, brings long periods of incapacity for work, reduced income followed by further reduced standards of living. Obviously such conditions enormously increase the difficulties of the doctor, whose greatest efforts are often defeated by influences outside his control.

The social aspect of the disease needs very grave consideration if the best results are to be secured from the services which have been established to reduce the incidence.

In the West Riding there are twelve voluntary Care Committees who, by their influence, advice and help, are rendering valuable assistance to the sufferers, and the District Tuberculosis Officers in whose areas they operate are impressed with the usefulness of their disinterested service.

Of the more tangible side of their work, the following is a brief summary:—

Underclothes	192	Boots	163
Outerclothes	104	Food	330
Overcoats	8	Miscellaneous	7

These committees raise their own funds, and towards the cost of the services rendered the County Council has made the following grants:—

Care Committee.	Amount of Grant.
	£ s. d.
Barnsley	62 10 0
Conisbrough	18 0 0
Doncaster	36 0 0
Huddersfield	34 0 0
Osgoldcross Area (including Hemsworth, South Kirkby, Featherstone, Purston, Goole, Ponte- fraet, and Castleford Committees)	110 0 0
Selby	12 0 0
Aberford Area (including Aberford, Tadcaster, and Garforth Committees)	18 10 0

It is interesting to note that this is the tenth year of the operation of the scheme. During this period many hundreds of cases have received help, unlikely to have been available but for their efforts. To do this, the quantities of material have been gathered and put to use, and funds to the extent of nearly £5,000 have been raised and spent directly for the benefit of necessitous cases.

I desire to take this opportunity of recording my high appreciation of the work of these Committees.

PUBLIC ASSISTANCE AND TUBERCULOSIS.

By the establishment of the Public Assistance Committee of the County Council a closer co-ordination of the work of this Committee relating to tuberculosis and that of the Public Health Committee has been effected. There is now no reason for a patient to be deprived of the necessities for his treatment through lack of means.

It will be noted from the undermentioned list that 21 cases were referred to the Public Assistance Committee for help. Seventy-six cases were transferred from Poor Law Hospitals and Local Infirmaries to Sanatoriums and Orthopædic Hospitals (see Table below).

Cases referred to Public Assistance Committee.

For general relief and financial assistance ...	8
For grant of extra diet	1
For grant of clothing	3
For assistance towards funeral expenses ...	4
For removal to County Institutions	4
For grant of bedclothing	1

One case was referred by the Public Assistance Committee for removal to Sanatorium.

“ POOR LAW ” INSTITUTIONS AND VOLUNTARY HOSPITALS.

During the year 76 patients were seen in consultation at local Poor Law Hospitals and local Infirmaries. As will be seen from the following table, several cases were sent for treatment to institutions under the County Council scheme.

Dispensary Area.	Institution.	No. of cases seen.	Remarks.
Barnsley ...	Leeds General Infirmary ...	1	Transferred to King Edward VII Hospital.
	Western Bank Hospital, Sheffield	1	Transferred to Marguerite Home, Thorparch
Batley ...	Batley Hospital	3	
	Bradford Royal Infirmary ...	3	
	Leeds General Infirmary ...	3	
Doncaster ...	Leeds General Infirmary ...	1	Transferred to Marguerite Home, Thorparch.
	Ida Convalescent Hospital	1	Do.
	County Institution, Goole ...	1	Transferred to Crookhill Hall.
	Union Infirmary, Balby ...	2	1 transferred to Crookhill Hall.
	Doncaster Sanatorium ...	1	1 General Dispensary Supervision
			Transferred to Dean Head Sanatorium
	Doncaster Royal Infirmary	1	Domiciliary Treatment
Huddersfield	Huddersfield Royal Infirmary	3	1 transferred to Eldwick Sanatorium
			1 transferred to Stannington Sanatorium
			1 transferred to King Edward VII Hospital.
	Crookland Moor Infirmary ...	1	Transferred to Crookhill Hall.
Keighley ...	Victoria Hospital, Keighley	3	Transferred to Orthopædic Hospitals
	County Hospital, Keighley	2	Transferred to Sanatorium
	Do.	1	Transferred to Orthopædic Hospital
	Skipton District Hospital ...	1	Transferred to Sanatorium
	Burnley Poor Law Hospital	1	Do.
Mexborough	Montagu Hospital, Mexborough	1	
	Sheffield Children's Hospital	3	
Otley ...	Harrogate Infirmary ...	5	
Pontefraet ...	Ida Hospital, Leeds ...	1	
	Leeds General Infirmary ...	5	
	Pontefraet General Infirmary	3	
	Pontefraet County Institution	1	

Dispensary Area.	Institution.	No. of cases seen.	Remarks.
Rotherham	Sheffield Royal Infirmary ...	1	Transferred to King Edward VII Hospital
	Western Bank Hospital, Sheffield	1	Do.
Sowerby Bridge	Huddersfield Royal Infirmary	2	1 transferred to Middleton Sanatorium 1 transferred to Dean Head Sanatorium
	Halifax St. Luke's Hospital	1	Transferred to Middleton Sanatorium
	Bradford Royal Infirmary	1	Do.
	Halifax Infirmary	4	On Dispensary Treatment
Wakefield ...	Oulton Hall	4	1 transferred to Middleton Sanatorium 1 transferred to Crookhill Hall.
	Leeds General Infirmary ...	4	2 transferred to Middleton Sanatorium 1 transferred to Marguerite Home, Thorparch 1 transferred to King Edward VII Hospital
	Clayton Hospital, Wakefield	3	1 transferred to Cardigan Sanatorium 1 transferred to Marguerite Home, Thorparch 1 transferred to King Edward VII Hospital
	Wakefield County Institution	2	
	Wakefield White Rose Hospital	4	1 transferred to Dean Head Sanatorium 1 transferred to Cardigan Sanatorium

SANATORIUM ACCOMMODATION.

The institutional accommodation available for West Riding cases on December 31st, 1930, was 983, as compared with 966 at the beginning of the year. During the year 20 additional beds were obtained for the treatment of early cases in children at the Huntingdon County Sanatorium, Wyton, and at the end of the year seven additional cases were receiving courses of treatment and training at the Burrow Hill and East Lancashire Training Colonies.

SANATORIUM TREATMENT.

At most sanatoria the ordinary routine treatment, i.e., graduated rest and exercises, was carried out. Certain institutions have been reserved for the reception of advanced cases, i.e., Morton Banks and Dean Head for women and children, and Crookhill Hall for men, and wherever possible patients were received into institutions near to the homes of relatives.

Early cases were admitted into Middleton Sanatorium (men) and Cardigan Sanatorium (women), and to certain institutions outside the Administrative Area, i.e., Meathop (Westmorland); Wolsingham (Durham); Wensleydale Sanatorium (North Riding), and to the various training centres.

In order to reduce the fatigue of travelling long distances, i.e., to Crookhill Hall in South Yorkshire, a small proportion of advanced cases, arising in and around Keighley and Harrogate areas, were admitted to Middleton.

Observation cases were admitted to the following institutions:—

Middleton Sanatorium—Men.
Oakwood Hall, Rotherham—Women.
Highwood Hospital—Children.
Berks. and Bucks. Sanatorium—Children.
Eldwick Sanatorium—Children.
Cardigan Sanatorium—Women.

During the year 298 adults and 124 children were admitted for periods of observation, varying from two to twelve weeks, and of these 145 adults and 53 children were accepted as suffering from tuberculosis.

During the year 56 cases received artificial pneumo-thorax treatment, i.e., 39 cases at Middleton Sanatorium, and 17 at Cardigan Sanatorium. Also, 253 cases had refills. Special reference is made to these cases in Tables XXI and XXV. Until recently, owing to lack of X-ray facilities, artificial pneumo-thorax has been confined to cases of severe active tuberculosis of the lung or in the treatment of hæmoptysis.

During the year 12 cases were treated with Sanoerysin. It appears that the value of this particular form of treatment is enhanced when given concurrently with artificial pneumo-thorax.

At Cardigan Sanatorium, five cases showed a marked intolerance to the drug. Treatment had to be stopped in four cases on account of albuminuria, and in one case on account of a widespread eczema.

Reporting upon the cases treated at Middleton Sanatorium, the Medical Superintendent states: "A further trial of Sanoerysin was given—seven in all—“ with the result that in four quiescence of the pulmonary disease was secured, “ with destruction of the tubercle bacilli. In the remaining three cases, renal “ inflammation caused the administration of the remedy to be stopped. In “ employing such special measures the trial is not commenced until an oppor- “ tunity has been allowed to test whether sanatorium measures alone are proving “ ineffective, and therefore a successful result demonstrates the definite value “ of the means employed.”

The immediate results of treatment of patients discharged from sanatoria during the year are given in Table XVI. It will be observed that as far as early negative cases of pulmonary tuberculosis are concerned the results are satisfactory, but the more advanced the disease the less favourable do they become. It is a lamentable fact that so many advanced cases leave institutions before completing their treatment.

With regard to the after-histories of sanatorium patients, special reference is made to this subject in a special report on the re-organisation scheme (vide Appendix).

The total accommodation for the institutional treatment of orthopædic cases was 147 beds, allocated as follows:—

<i>Men.</i>		<i>Women.</i>		<i>Children.</i>	
Shropshire Orthopædic Hospital	... 11 beds	Shropshire Orthopædic Hospital	... 8 beds	Marguerite Home	38 beds
Miscellaneous	... 3 „	Miscellaneous	... 4 „	King Edward VII (Rivelin Valley)	35 „
				Stannmore	... 17 „
				Kirkbymoorside	16 „
				Leasowe	... 4 „
				Shropshire Orthopædic Hospital	3 „
				Miscellaneous	... 8 „
Total	... 14 „	Total	... 12 „	Total	121 „

It will be noted from the table on page 144 that the average waiting period for orthopædic cases is three months. During the year it was not possible to reduce this period, as no further accommodation was available. The West Riding Authority are entirely dependent upon outside institutions for the treatment of orthopædic cases, and the need for a centralised orthopædic hospital under the control of the County Council is urgently felt.

The immediate results of treatment are satisfactory (vide Table XVI). Of the total 193 orthopædic cases who received treatment during the year, 108 returned quiescent or arrested. The results are as a whole better for children than for adults. Ninety per cent. of the children were discharged arrested or much improved as compared with 76 per cent. in adults.

Under the scheme adopted by the County Council for the Training and Employment of tuberculous cripples, one case was admitted during 1930 to the Cripples' Training College at Oswestry.

In connection with the after care of non-pulmonary cases discharged from orthopædic hospitals, the Ellison Clinic at Cleckheaton has rendered valuable help in the way of re-application of splints, surgical appliances, etc. Several cases have been re-admitted to the Shropshire Orthopædic Hospital for the re-adjustment of surgical appliances supplied to patients on their first discharge from the institution.

Visits to Sanatoria.

The following visits to sanatoria and hospitals where West Riding patients were under treatment were made by Members of the Tuberculosis Sub-Committee during the year:—

Dean Head Sanatorium, Horsforth (February).
 Morton Banks Sanatorium, near Keighley (February).
 King Edward VII Hospital, Rivelin Valley (March).
 Oakwood Hall Sanatorium, Rotherham (March).
 Wyton Sanatorium, Huntingdon (August).
 Marguerite Home, Thorparch (October).

Sanatorium Treatment—Immediate Results.

Of the total sanatorium discharges in adults suffering from pulmonary conditions, 786 or 67 per cent. belonged to the early or Class I T.B.- stage, and 372 or 33 per cent. to the later stages with T.B. + in the sputum.

With regard to the results of treatment, of those discharged quiescent and improved, 606 or 81 per cent. were early cases with negative sputum, and 147 or 19 per cent. in the later stages of the disease with T.B. +.

Of those dying in the institutions, 78 per cent. occurred in Class II and III T.B. +.

A noticeable feature of the above table is that 889 or 76 per cent. of the adult discharges took place under six months, as compared with 269 or 24 per cent. of six months or over. The greater proportion of discharges under six months took place in those in the earliest stages of the disease, and represent 73 per cent. in Class I (-T.B.) as compared with 27 per cent. of those in Class II and III (T.B. +).

Children.—Of the total number of discharges, 278 or 97 per cent. belonged to the first category, and had T.B. -, the remainder representing classes belonging to the later stages.

Of the results occurring in the former category, 114 or 41 per cent. were discharged quiescent, and 55 per cent. improved, as compared with 0.0 per cent. quiescent and 50 per cent. improved in Stages II and III T.B. +.

Non-Pulmonary Discharges.

Of the total discharges under this head, 72 were adults and 121 children. The immediate results of treatment are as a whole better for children than for adults. Ninety per cent. of the children were discharged with the disease arrested or much improved, as compared with 76 per cent. in adults.

INSTITUTIONAL TREATMENT, 1930. IRREGULAR DISCHARGES.

Institution.	Irregular Discharges during 1930.	
	Number Discharged during year.	Percentage of Discharges taking place before completion of Treatment.*
<i>Adults—Pulmonary.</i>		
Middleton Sanatorium	752	11
Mitchell Memorial Home	74	27
Oakwood Hall	51	35
Cardigan Sanatorium	188	25
Crookhill Hall Receiving Home	73	24
Dean Head Sanatorium	158	38
Morton Banks Sanatorium	81	24
<i>Children—Pulmonary.</i>		
Various Sanatoria, including Eldwick, Wyton, Highwood, Wensleydale and Stanhope	360	4

* Includes discharges due to domestic worries, and severely ill patients who are not likely to recover and desired home by relatives, etc.

The above table shows that a considerable number of patients leave sanatoria before the completion of treatment.

With regard to the discharges from Cardigan, Dean Head, Oakwood Hall, and Morton Banks, many were due to domestic worries at home, involving the care and custody of young children.

For males the largest proportion of irregular discharges takes place in hospitals for advanced cases. Many are removed home at the special request of the relatives when the outlook is hopeless.

Average Institutional Waiting List for the Year 1925-1930.

Year.	Pulmonary.			Non-Pulmonary.			Totals.
	Male.	Female.	Children.	Male.	Female.	Children.	
1925	193	128	323	6	6	37	693
1926	123	111	280	14	5	38	571
1927	80	82	76	7	3	28	276
1928	179	110	120	10	3	30	452
1929	162	105	83*	14	6	24	394
1930	159	94	63*	12	10	27	365

* Includes children suffering from intra-thoracic glandular conditions.

The average waiting period prior to admission to institutions during 1930 was as follows:—

- (a) Sanatoria. Males, 8 weeks. Females, 10 weeks. Children, 8 weeks.
 (b) Orthopædic Hospitals. Adults and children, average 3 months.

During 1930 the following admissions and discharges were recorded at the various institutions:—

						Total Admissions (including children).	Total Discharges (including children).
Sanatoria	...	...	...	...	...	1820	1810
Orthopædic Hospitals	...	...	...	...	...	160	165

TABLE XVI.

IMMEDIATE RESULTS OF TREATMENT OF PATIENTS DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1930.

(a) Pulmonary Cases.

Classifi- cation on Admis- sion.	Condition at time of discharge.	Duration of Treatment in the Institution.												Total.
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Class T.B. - Minus.	Quiescent	7	16	1	23	59	27	18	12	74	5	—	12	254
	Improved	120	48	19	143	62	38	51	24	83	14	4	15	621
	No material improve- ment	83	47	4	11	3	2	3	—	1	4	—	—	158
	Died in Institution ...	15	4	—	4	1	2	3	2	—	—	—	—	31
Class T.B. + Group I.	Quiescent	—	—	—	—	3	—	—	1	—	—	—	—	4
	Improved	2	1	—	2	3	1	—	4	—	—	—	1	14
	No material improve- ment	2	3	—	2	—	—	—	—	1	1	—	1	10
	Died in Institution ...	—	—	—	—	—	—	—	—	—	1	—	—	1
Class T.B. + Group II.	Quiescent	2	—	—	—	3	—	2	2	—	1	—	—	10
	Improved	1	9	—	6	9	1	4	7	—	1	2	—	40
	No material improve- ment	2	8	—	2	3	—	2	1	—	1	1	—	20
	Died in Institution ..	1	3	1	1	2	—	1	4	—	3	2	—	18
Class T.B. + Group III.	Quiescent	—	1	—	1	2	—	2	1	—	1	—	—	8
	Improved	7	3	—	15	12	1	15	12	—	9	1	—	75
	No material improve- ment	23	14	—	17	9	—	13	8	—	5	—	1	90
	Died in Institution ...	31	17	—	13	8	—	9	4	—	8	—	—	90
Totals ...		296	174	25	240	179	72	123	82	159	54	10	30	1444

TABLE XVI.

IMMEDIATE RESULTS OF TREATMENT OF PATIENTS DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1930.
(b) Non-Pulmonary Cases.

Classification on admission.	Condition at time of discharge.	Duration of Treatment in the Institution.												Total.
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Bones and Joints.	Quiescent or Arrested	6	1	8	1	—	5	2	1	6	4	4	41	79
	Improved	3	3	5	1	1	1	2	—	3	3	3	5	30
	No material improvement	2	—	3	—	1	—	2	—	1	2	—	—	11
	Died in Institution	—	—	1	1	—	—	—	—	—	—	1	—	3
Abdominal	Quiescent or Arrested	—	—	5	1	1	4	—	1	6	—	—	1	19
	Improved	1	—	2	—	—	5	—	—	—	—	—	—	8
	No material improvement	1	—	3	—	—	—	—	—	—	—	—	—	4
	Died in Institution	1	—	1	1	—	1	—	—	—	—	—	—	4
Other organs.	Quiescent or Arrested	—	—	—	—	1	1	—	1	1	—	—	1	5
	Improved	1	7	3	—	—	—	1	—	—	1	—	—	13
	No material improvement	—	—	—	1	—	—	—	1	—	1	—	—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.	Quiescent or Arrested	—	1	3	—	—	—	—	—	1	—	—	—	5
	Improved	1	2	1	—	—	1	—	—	—	—	—	1	6
	No material improvement	1	—	1	1	—	—	—	—	—	—	—	—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .		17	14	36	7	4	18	7	4	18	11	8	49	193

TABLE XVII.
INSTITUTIONAL ACCOMMODATION AVAILABLE FOR WEST RIDING
CASES, DECEMBER, 1930.

Institution.	No. of Beds Available.					
	For Pulmonary Cases.			For Non-Pulmonary Cases.		
	Men.	Women	Children.	Men.	Women	Children.
<i>Controlled by the County Council (Public Health Committee):—</i>						
Middleton-in-Wharfedale Sanatorium	300	—	—	—	—	—
Cardigan Sanatorium, near Wakefield	—	50	—	—	—	—
Eldwick Sanatorium, near Bingley	—	—	39	—	—	—
Mitchell Memorial Home, Rawdon	30	—	—	—	—	—
Crookhill Hall Receiving Home	40	—	—	—	—	—
<i>Not controlled by the County Council:—</i>						
Morton Banks Sanatorium, near Keighley	—	63	—	—	—	—
Dean Head Sanatorium, Horsforth	—	58	—	—	—	—
Oakwood Hall Sanatorium, Rotherham	—	14	16	—	—	—
Wyton Hostel, Huntingdon	—	—	70	—	—	—
Wensleydale Sanatorium, Aysgarth	—	—	12	—	—	—
Westmorland Sanatorium, Meathop	—	5	—	—	—	—
Stanhope Sanatorium, Co. Durham	—	—	16	—	—	—
Wolsingham Sanatorium, Co. Durham	—	3	9	—	—	—
Marguerite Home, Thorparch	—	—	—	—	—	38
Leasowe Hospital, Cheshire	—	—	—	—	—	4
King Edward VII Hospital, Rivelin Valley	—	—	—	—	—	75
Shropshire Orthopædic Hospital, Oswestry	—	—	—	11	8	3
Highwood Hospital, Brentwood	—	—	21	—	—	—
Berks. and Bucks, Joint Sanatorium, Peppard Common	—	—	21	—	—	—
Yorkshire Children's Orthopædic Hospital, Kirkbymoorside	—	—	—	—	—	16
Stannington Children's Sanatorium, Northumberland	—	—	14	—	—	—
Royal National Orthopædic Hospital, Stanmore, Middlesex	—	—	—	—	—	17
Preston Hall Sanatorium, Aylesford, Kent	13	—	—	—	—	—
*Miscellaneous Institutions	36	1	5	3	4	8
Totals ...	419	194	223	14	12	121

* Includes accommodation for patients receiving courses of combined treatment and training, with or without a view to village settlement.

TABLE XVIII.

INSTITUTIONAL TREATMENT DURING 1930.

Institution.	Patients in Resi- dence on 1.1.30	Admissions 1930.			Total No. of Admis- sions.	Discharges 1930.			Total No. of Dis- charges.	Patients in Resi- dence on 31.12.30.
		Men.	Women	Child- dren under 15 years.		Men.	Women	Child- dren under 15 years.		
Pulmonary Institutions.										
Middleton	294	748	--	—	748	752	--	—	752	290
Cardigan	50	—	187	2	189	—	188	1	189	50
Mitchell Memorial Home	29	74	--	—	74	74	—	—	74	29
Eldwick	39	—	--	76	76	—	—	76	76	39
Crookhill Hall	39	74	—	—	74	73	—	—	73	40
Dean Head	58	—	159	3	162	—	158	4	162	58
Morton Banks	63	—	81	9	90	—	81	10	91	62
Wyton (Hunts.)	44	—	—	95	95	—	—	69	69	70
Westmorland	6	5	8	--	13	6	7	—	13	6
Oakwood Hall	30	—	51	22	73	—	51	22	73	30
Wolsingham	14	—	12	14	26	—	13	15	28	12
Stanhope	21	—	—	19	19	—	—	24	24	16
Stannington	14	—	—	12	12	—	—	12	12	14
Highwood Hospital	20	—	—	72	72	—	—	71	71	21
Wensleydale	13	—	—	14	14	—	—	16	16	11
Berks. and Bucks.	21	—	—	40	40	—	—	40	40	21
Miscellaneous	24	37	1	5	43	38	—	9	47	20
Non-Pulmonary Institutions.										
Yorks. Children's	18	—	—	9	9	—	—	11	11	16
Marguerite Home	36	—	—	20	20	—	—	18	18	38
King Edward VII (Sheffield)	35	—	—	35	35	—	—	34	34	36
Shropshire Orthopædic	23	20	13	7	40	18	15	9	42	21
Royal National Orthopædic	17	—	—	15	15	—	—	15	15	17
Miscellaneous	18	9	16	16	41	15	13	17	45	14
Totals.	926	967	528	485	1930	976	526	473	1975	931

Middleton Sanatorium.

Dr. Campbell reports as follows:—

"In reviewing the work of the Institution during the past twelve months the striking features of the cases dealt with were: First, the fact that 27 per cent. were in Stage III, i.e., had extensive disease at the time of admission, owing, in most cases, to the individuals continuing at work for a considerable time after the onset of the tuberculous mischief, though in other instances failure to recognise the nature of the earliest symptoms was responsible. Second, the small number of cases, having tubercle bacilli in the expectoration, recognised when in Stage I. From this it is obvious that when the disease is first implanted in the lungs the constitutional disturbance often does not indicate the gravity of the condition, and as this may be considered to be a slight catarrh, the indisposition may show a temporary recovery after a month's rest, and the patient does not again present himself for medical examination until six months or a year have elapsed. Thus Stage III may be reached before the actual condition is recognised and the prospect of a restoration of health rendered difficult. Third, the occurrence not infrequently of cases running an acute course, in spite of statements of a contrary experience commonly made in recent years. Fourth, the absence of any factor in colliery underground workers which renders the course of the disease more chronic, or gives a greater likelihood of securing arrest of the disease than in the case of other industrial occupations. Fifth, the frequent occurrence of case-to-case infection in adults, and the infrequent indication of the disease having been implanted in childhood, though the latter appears to be looked upon in some quarters as the usual period of infection. Year after year it has been disappointing to find that patients in the earlier stages will not consent to remain under treatment for the period considered necessary to secure at least quiescence of the disease, and thus remedial efforts, including artificial

pneumo-thorax, are being expended on patients in the advanced stages from whom the poorest results can be expected. The fact that strict control is necessary to induce many patients to follow out instructions while under institutional treatment, demonstrates that a considerable number will not continue to carry out treatment when necessary on their return home, or will decline to follow out the mode of life advisable to enable them to maintain their health when established. This is certainly responsible for many relapses, for it is pointed out to patients that they are a much longer time under their own control at home, than under close medical supervision in a sanatorium and if they are not impressed by this, good eventual results cannot be expected. Intelligent co-operation by the patient is, therefore, a most important feature of sanatorium treatment, and is too often sadly lacking.

Twenty-seven patients were admitted during the year who were suffering from other than the pulmonary form of the disease, and in 15 others non-pulmonary complications were found. In some of these helio-therapy in summer and artificial sunlight treatment during the winter months have been continued, with improvement resulting in a number of cases. An extension of the facilities for light treatment is being arranged, and also for administering it to the patients confined to bed in the wards.

The administration of tuberculin has been confined to a few non-pulmonary cases, and although some improvement followed its use, none of the patients remained for a sufficiently long period to give a satisfactory result. In a few cases a further trial of Sanoerysin was given—seven in all, with the result that in 4, quiescence of the pulmonary disease was secured, with destruction of the tubercle bacilli. In the remaining 3 cases renal inflammation caused the administration of the remedy to be stopped. In employing such special measures the trial is not commenced until an opportunity has been allowed to test whether sanatorium measures alone are proving ineffective, and therefore a successful result demonstrates the definite value of the means employed.

Artificial pneumo-thorax continues to be employed in suitable cases, but the results are less satisfactory than they might be owing to a number of patients declining to accept this form of treatment and to the fact that patients in the earlier stages will not continue under treatment for any prolonged period. Therefore the struggle is continued often in the more advanced cases, who are more anxious to submit to special measures for their relief. In one case rib resection was performed for pyo-pneumo-thorax; and in two cases of spinal disease celluloid corsets were provided.

To assist in restoring the working capacity of the patients grade work is being continued on the former lines, in the forms of assistance in attending to pigs and poultry; in joinery; gardening; and similar activities, with the result that a considerable proportion—44 per cent.—of those discharged are considered to be able to work.

The handicrafts section continues to fulfil its useful purposes as a therapeutic measure, interesting those able to take part and usefully employing them mentally and manually so that there is little reason for any complaint of tedium even during a prolonged period of residence in the Institution.

On an average, 100 patients at a time are able to benefit by the handicrafts tuition—a third of the total number in residence; and the results of their activities are tabulated below.

An additional interest has recently been secured in this branch of work through the gift of 24 Angora rabbits; and apart from the occupational value of this extension, some profit will be added to the patients' benevolent fund.

OCCUPATIONAL THERAPEUTICS ANNUAL REPORT, MARCH 31ST, 1931.

Attendance.—The number of patients who have attended the classes during the year is 402.

Work.—The work done is of a very varied character, and a rabbitry has also been added during the past 12 months, this section being of great interest to the patients. Wool has been marketed, but sufficient time has not yet elapsed to state definitely what value this section may have.

Woodwork.—Frames, 48; Grid Tables, 7; Wireless Cabinets, 2; Food Trucks, 2; Fire Screens, 2. Also other articles—tea trays sanatorium seats cleaned and varnished, trellis work, etc., have been dealt with.

Cobbling.—Boots repaired, 460 pairs; boots repaired under the West Riding County Council scheme, 245 pairs; total, 705 pairs.

Fancy Leatherwork.—Purses, 506; Pocket Wallets, 64; Cigarette Cases, 57; Handbags, 47; Tobacco Pouches, 23; Writing Cases, 11; Pochettes, 39; Fire Screen Panels, 2; and in addition to this, miscellaneous articles have been made, including tea cosies, note cases, spinal jackets, match box cases, shopping bags, cushion and chair back covers, etc.

Raffia Rugs.—Raffia Mats, 13; Raffia Tea Cosies, 11; Raffia Slippers, 2 pairs; Raffia Pochettes, 21; Raffia Handbags, 21; Wool Rug, 1.

The amount of cash taken during the year for the sale of goods was £251 6s. 7d.

Library.—During the year 7,370 books have been read by the patients.

Chapel.—The chapel has had an average attendance for each service during the year of 37 patients and staff, the services being led by a choir composed of patients, the organist also being a patient, while the Handicrafts Instructor conducts the choir practices as one of his activities.

ANNUAL ANALYSIS OF ACCOUNTS, MARCH, 1931.

	£	s.	d.
Rugs, Rush and Raffia ...	7	0	8
Boot Repairing ...	61	19	4
Fancy Leather ...	138	6	9
Woodwork ...	25	2	4
B.F. Profits ...	18	17	6
	£251	6	7

OBSERVATION CASES IN 1930.

The following are the details of cases admitted for a period of observation and diagnosis:—

Positive ...	125
Negative ...	118
Period not completed	6
Total ...	249

X-ray investigation of cases has been carried out as in former years to assist in diagnosis, to test progress, to assist in the elucidation of complications, and to control treatment by artificial pneumo-thorax.

RADIOGRAPHS TAKEN DURING 1930.

(a) In observation cases—

	Positive.	Negative.	Total.
Pulmonary ...	119	127	246
Non-Pulmonary ...	11	10	21

(b) In connection with artificial pneumo-thorax treatment ...	40
(c) To confirm physical examination ...	41
(d) To test progress ...	25
(e) In connection with barium meal ...	3
(f) In cases of suspected fracture ...	3
Total ...	379

TABLE XIX.

MIDDLETON-IN-WHARFEDALE SANATORIUM.

IMMEDIATE RESULTS OF TREATMENT IN PULMONARY AND NON-PULMONARY CASES
TREATED AND DISCHARGED DURING 1930.

Classification on Admission.	Condition at time of Discharge.	Duration of Treatment.				Total.
		Under 3 months.	3-6 months.	6-12 months.	Over 12 months.	
Class T.B. Minus	Quiescent ...	—	13	10	—	23
	Improved ...	63	178	51	3	295
	No material improvement	54	13	5	—	72
	Died in the Institution	9	2	5	—	16
Class T.B. Plus Group I	Quiescent ...	—	—	—	—	—
	Improved ...	1	—	1	—	2
	No material improvement	1	—	—	—	1
	Died in the Institution	—	1	—	—	1
Class T.B. Plus Group II	Quiescent ...	—	1	2	—	3
	Improved ...	1	7	2	1	11
	No material improvement	4	4	3	—	11
	Died in the Institution	—	—	1	3	4
Class T.B. Plus Group III	Quiescent ...	—	1	2	4	7
	Improved ...	4	22	19	4	49
	No material improvement	21	14	7	2	44
	Died in the Institution	29	13	6	3	51
Non- pulmonary.	Quiescent ...	—	1	—	—	1
	Improved ...	1	7	2	2	12
	No material improvement	2	1	—	2	5
	Died in the Institution	1	2	—	—	3

The pulmonary cases were complicated by local disease in the following forms: Bones and Joints, 2; Lymphatic Glands, 4; Peritoneal, 4; Genito-urinary, 4; Subcutaneous Abscess, 1.

Non-pulmonary cases comprised the following: Bones and Joints, 10; Lymphatic Glands, 3; Peritoneal, 4; Genito-urinary, 3; Subcutaneous Abscess, 1.

CLASSIFICATION OF CASES ADMITTED DURING 1930.

Pulmonary—Minus T.B.	...	...	...	300
I Positive	...	...	...	15
II Positive	...	...	...	28
III Positive	...	...	...	129
Non-pulmonary	...	...	...	27
For Observation	...	...	...	249

TABLE XX.

MIDDLETON-IN-WHARFEDALE SANATORIUM.

RECORD OF ULTRA-VIOLET LIGHT TREATMENT, 1930.

A.—General Irradiation.

Case No.	Condition.	Treatment commenced.	Duration of exposures (hours).	Result.	Remarks.
1	Tuberculous axillary and inguinal glands	19/9/29	26	Marked reduction in size of glands	
2	Multiple abscesses and tuberculosis coxæ	1928	65 (i.e., 22 in 1930, and 41 earlier)	Abscesses healed up	Had some exposure to natural sunlight, as well as U.V. light.
3	General lymphatic enlargement and splenomegaly	11/4/30	19	Worse	Glands and spleen enlarged further . Patient died soon afterwards.
4	Tuberculous peritonitis	13.2/30	36	Marked improvement	All symptoms relieved completely. Patient discharged to work.
5	Tuberculous peritonitis	15/3.29	51	Much improved, "disease quiescent"	—
6	Tuberculous peritonitis (old standing)	19/12.29	5½	Moderately improved	Patient left of own accord, before treatment was completed.
7	Tuberculous wrist and hand, phthisis, Class II+	17/1/30	2	Slight improvement in wrist	Patient developed intracranial symptoms, and died soon after.
8	Tuberculous arthritis of hip and knee	28/1/29	70½	Moderate improvement	Treatment changed to exposure to natural sunlight .
9	Ulceration of ileum with persistent diarrhœa	26/9/29	27	Lesion healed	—
10	Tuberculous arthritis of hip, with sinus	2.1/29	39 (i.e., 32 in 1929, and 7 in 1930)	Much improved, sinus healed	—
11	Tuberculous enteritis	3/5/30	10	Moderately improved	Treatment stopped because pulmonary condition became worse.
12	Spinal caries (bilateral psoas abscess)	23.7.30	23	Marked improvement	Sinuses in groins and back ; extensive ulcers, but healing well.
13	Tuberculous colitis	26.7/30	22	Much improved	Stools now of normal consistency.
14	Tuberculous peritonitis	6/10/30	11	Much improved	Stools normal. General condition satisfactory.
15	Tuberculous peritonitis (c. sinus)	12.11/30	7	Much improved	Sinus healed; abdominal condition good. Pulmonary Stadium II .

TABLE XX, continued.

REPORT OF ULTRA-VIOLET LIGHT TREATMENT, 1930.

Case No.	Condition.	Treatment commenced.	Duration of exposures (hours).	Result.	Remarks
16	Tuberculous peritonitis	4/3/30	24	Much improved	Had ascites—now no free fluid. Condition satisfactory.
17	Tuberculous peritonitis	12/11/30	7	Much improved	Was very weak and ill; now condition is satisfactory.
18	Tuberculous arthritis of right knee	21/10/30	10	Moderately improved	Feeling much brighter. Sinuses almost dry.
<i>B.—Local Exposures.</i>					
1	Right facial nerve paralysis	2/7/30	16	No improvement	Had suppurative otitis media of right ear before paralysis.
2	Lupus vulgaris	11/6/30	21	Marked improvement	Lesions on face, neck and thigh; extensive
3	Lupus vulgaris	28/12/28	78	Marked improvement	Lesions on hands. Left hand quite healed; right, almost.
4	Rheumatoid arthritis and eczema of hands	31/7/30	7	Marked improvement	Skin condition practically healed; arthritis pain relieved.
5	Arthritis of knees	27/10/30	$\frac{1}{2}$	I.S.Q.	Patient left before treatment could be effective.
6	Arthritis of knees and hips	22/7/30	21	Marked improvement	Pain relieved. Patient able to walk fairly well. Joint movements good.
7	Cervical adenitis, c. discharging sinus	11/7/30	25	Marked improvement	Glands reduced. Sinus dry. Patient left before treatment was to end.
8	Cervical adenitis and tuberculous osteitis of ribs	13/10/30	$3\frac{3}{4}$	I.S.Q.	Patient left before treatment could be effective.
9	Cervical adenitis	21/10/30	$1\frac{1}{2}$	I.S.Q.	Patient left before treatment could be effective.
10	Tuberculosis of sterno-clavicular joint	22/7/30	$6\frac{1}{2}$	Condition worse	Abscess formed, c. secondary infection. Patient to have surgical treatment.
11	Multiple tuberculous abscesses	13/9/29	44	Abscesses healed	Abscesses were subcutaneous, c. sinuses.
12	Tuberculous ulcer of sternum	31/10/29	39	Almost completely healed	Only a very small area of healthy granulations persist.

TABLE XX, continued.

Case No.	Condition.	Treatment commenced.	Duration of exposures (hours).	Result.	Remarks.
13	Tuberculous tarsus	13/10/30	2½	Much improved	Patient left before treatment completed.
14	Tuberculous arthritis of wrist	1/1/30	24 (+57½ previous year)	No improvement	Patient transferred for surgical treatment.
15	Tuberculous dactylitis	3/3/30	5¼	Improved	Foetus softened later, and was aspirated with good result.
16	Tuberculous tarsus c. sinus	6/5/30	14¼	Much improved	Sinus dry. Range of movement of ankle good. Walking without pain.
17	Tuberculous right knee	17/1/30	19½	Moderate improvement	Further improved later by rest in bed—swelling almost disappeared.
18	Fibrositis of lumbar muscles	29/10/30	½	Pain relieved	Three exposures of 10 minutes each.
19	Fibrositis of spinal muscles	4/11/30	½	Moderate relief	Patient left before treatment completed.
20	Pleural pain (chronic)	30/9/30	1½	Marked relief	Eight exposures of 10 minutes each.
21	Acute sciatica	2/5/30	2	Complete relief	Twelve doses of 10 minutes each.
22	Fibrositis of lumbar muscles	21/10/30	1	Complete relief	Six doses of 10 minutes each.
23	Sciatica	8/8/30	3½	Partial relief	Pain of intermittent character.
24	Fibrositis of scapular muscles	30/7/30	1	Complete relief	Six doses of 10 minutes each.
25	Sciatica	18/8/30	3	Complete relief	Twelve doses of 15 minutes each.
26	Fibrositis of shoulders	--	¾	Symptoms alleviated	Three doses of 15 minutes each.
27	Chronic pleural pain	2/12/29	10	Pain relieved	Forty doses of 15 minutes each.
28	Lumbago	5/8/30	¾	Pain relieved	Four doses of 10 minutes each.
29	Pleural pain	27/7/30	1	Pain relieved	Six doses of 10 minutes each.
30	Fibrositis of chest	4/3/30	5-6	Pain relieved	Five doses of 10 minutes each.
31	Fibrositis of chest	5/2/30	6¾	Symptoms relieved	Twenty-seven doses of 15 minutes each.
32	Fibrositis of neck and back	11/6/28	42¾	Moderately improved	Has also osteoarthritis affecting various joints.
33	Fibrositis of neck	15/1/30	3¼	Moderately improved	Thirteen doses of 15 minutes each.

TABLE XX, continued.

Case No.	Condition.	Treatment commenced.	Duration of exposures (hours).	Result.	Remarks.
34	Rheumatoid arthritis	2/6/30	21	Partial relief	Nearly all joints affected. Patient used crutches because of crippling.
35	Rheumatoid arthritis	13/10/30	10	Partial relief	Spine affected, but patient now has less pain and can walk more upright.
36	Tuberculous ulceration of foot	27/10/30	4½	Marked improvement	Treatment to continue.
37	Tuberculous arthritis of knee	22/7/30	9¾	No appreciable improvement	Knee ankylosed in full extension; sinus on either side of patella.
38	Tuberculous arthritis of knee	29/10/30	1½	No improvement	General exposure substituted for local.
39	Tuberculous ulceration of sternum	29/10/30	6	Marked improvement	Bisnuth and iodoform paste dressings used during treatment.
40	Adenitis, cervical, submental and submaxillary	30/6/30	26	Moderate improvement	Treatment to continue.
41	Cervical adenitis	26/7/30	9	Moderate improvement	Treatment interrupted because of pyrexia.
42	Total alopecia	—/10/29	18	Irregular growth of hair	Treatment has been intermittent.

TABLE XXI.
ARTIFICIAL PNEUMOTHORAX TREATMENT IN MIDDLETON
SANATORIUM, 1930.

Case No.	Group (Turban Gerhardt).	Indication for Induction.	Date of first operation and period continued.	Result.	Remarks.
1	R3 L3	For toxæmia	18/6/28 (30 months)	Disease quiescent	Minus T.B. on discharge.
2	L3 R3	For toxæmia and extensive disease	13/9/28 (Left, 7 months Right, 14 months)	Not improved	Fatal result.
3	L3 R3	For toxæmia	22/11/28 (16 months)	Do.	Transferred to another Institution.
4	R3 L2	Do. do.	25/2/28 (29 months)	Temporary improvement	Relapsed and died.
5	L3 R3	Do. do.	22/12/28 (19 months)	Disease quiescent	Minus T.B. on discharge.
6	R3 L3	For hæmoptysis	9/2/29 (12 months)	Hæmoptysis checked	Extensive disease; re-sulted fatally at home later.
7	R3 L2	For toxæmia	13/5/29 (11 months)	Disease quiescent	Minus T.B. on discharge.
8	R3 L1	To secure arrest	5/6/29 (10 months)	Do.	No sputum on discharge.
9	R3 L3	For toxæmia	10/6/29 (4 months)	Moderately improved	Stoppe owing to catarrh
10	R3 L2	For hæmoptysis	14/6/29 (18 months)	Temporary improvement	Relapsed and died.
11	R3 L2	To assist in arrest	18/6/29 (13 months)	Moderately improved	Left of own accord.
12	R3 L1	For hæmoptysis and toxæmia	2/7/29 (13 months)	Much improved	Minus T.B. on discharge.
13	R3 L3	To promote arrest	12/7/29 (17 months)	Do.	Treatment being con-tinued.
14	R2 L1	Do. do	24/7/29	—	Died.
15	R3 L2	For toxæmia (acute)	23/9/29 (12 months)	Disease quiescent	Minus T.B. on discharge.
16	R3 L1	For toxæmia	10/10/29 (10 months)	Moderately improved	Left of own accord.
17	R3 L3	Do. do.	26/10/29 (3 months)	Advanced disease	Died.
18	R3 L2	Do. do.	28/10/29 (14 months)	Improving	Treatment being con-tinued.
19	R3 L1	To secure arrest	2/11/29 (7 months)	Much improved	Left of own accord.
20	R3 L2	For toxæmia	23/11/29 (6 months)	Not improved	—
21	R3 L1	Do. do.	31/11/29 (6 months)	Do.	Left pre-maturely
22	L3 R1	Do. do.	26/1/30 (4 months)	I.S.Q.	Left of own accord.
23	R3 L2	Do. do.	8/3/30 (6 months)	Moderately improved	Left of own accord.
24	L3 R2	Do. do.	15/3/30 (9 months)	Do.	Treatment being con-tinued.
25	R3 L2	Do. do.	27/3/30	Do.	Discontinued owing to dyspnoea.
26	R3 L3	For toxæmia (acute)	9/6/30 (5 months)	Toxæmia markedly reduced	Developed pathological pneumo-thorax (died).
27	R3 L1	For toxæmia	12/6/30 (6 months)	Improving	Treatment being con-tinued.
28	R3 L2	For toxæmia (acute)	15/6/30 (6 months)	Toxæmia markedly reduced	Transferred to another Sanatorium.

Case No.	Group (Turban Gerhardt).	Indication for Induction.	Date of first operation and period continued.	Result.	Remarks.
29	R3 L1	For toxæmia	19/6/30	Improving	Treatment being continued.
30	R2	Do. do.	23/6/30 (4 months)	Improved	Left of own accord.
31	R2 L1	Do. do.	30/9/30 (3 months)	Do.	Dismissed for misconduct.
32	L3 R2	Do. do.	1/10/30 (3 months)	Improving	Treatment being continued.
33	R3 L2	Do. do.	15/10/30 (2½ months)	Do.	Do.
34	L3 R3	For toxæmia (acute)	24/10/30	Toxæmia markedly reduced	Do.
35	R3 L1	Do. do.	4/11/30	Improving	Do.
36	R3 L1	For hæmoptysis and toxæmia	22/11/30	Do.	Do.
37	R3 L1	For toxæmia	5/12/30	Do.	Do.
38	L3 R3	Do. do.	11/12/30	Do.	Do.
39	R3 L2	For toxæmia (acute)	26/12/30	—	Do.

ULTRA-VIOLET LIGHT THERAPY REPORT, 1930.

On surveying the results obtained with the limited resources at the disposal of the institution it can be asserted that these continue to be satisfactory, although naturally in some cases of advanced bone and joint disease the condition is beyond the stage when anything more than amelioration can be secured.

In cutaneous, glandular and abdominal disease marked improvement is manifested, and corroboration of the claim made by the Trudeau Sanatorium for arrest of tuberculous ulceration in the intestine by ultra-violet light treatment has been obtained in several cases. In a number of patients in whom fibrositis is a disabling complication, cure of the condition has been achieved, and working capacity more quickly restored than would have been the case otherwise.

Direct sunlight exposure is continued during the summer months, and is found to be more effective in suitable cases, such as bone and joint affections, with discharging sinuses.

Eldwick Sanatorium.

Dr. Sharp reports as follows:—

There were 76 admissions and 76 discharges during the year. The average duration of stay was 25 weeks. The number of those not completing treatment was small. There were two cases of scarlet fever and one of diphtheria; two children were sent out as requiring operation; two advanced cases were transferred to Morton Banks Hospital after a short stay; one only was removed by the parents, who wished to take her into the country.

IMMEDIATE RESULTS OF TREATMENT IN CASES DISCHARGED IN 1930.

Class of Case.						Much improved.	Moderately or slightly improved.	Unchanged or worse.	Total.
Lungs	I	...	...	...	...	16	6	—	22
	II	...	...	...	...	4	1	—	5
	III	...	...	...	...	1	—	—	1
Bronchitis, etc.		...	...	...	...	3	3	—	6
Glands	...	...	...	...	...	11	3	1	15
Abdomen	...	...	...	...	...	7	1	1	9
Spinal Caries	...	...	...	...	...	—	—	1	1
Lupus	...	...	...	...	...	1	—	—	1
Pre-tubercular	...	...	...	...	...	5	1	—	6
Non-tuberculous, after observation	...	...	...	...	...	10	—	—	10
						58	15	3	76

OBSERVATION CASES.

Eighteen children were sent for observation and diagnosis. Of these, 8 were considered tuberculous, and kept for treatment, these included 3 in Class I, 4 cervical glands and hilum T.B.; 1 abdomen. The 10 cases discharged as non-tuberculous included 3 of bronchitis, 1 empyema, 1 chronic enteritis, 2 puberty, 1 acute anæmia, following measles, 1 synovitis of ankle, 1 enlarged and moveable kidney.

X-ray Examinations were made in 34 cases, 16 of these were observation cases. The remainder were mostly abdominal or gland cases, in which it was desired to know if the lungs were also involved, or cases whose suitability for treatment by ultra-violet light were in doubt. Two cases were examined for suitability for pneumo-thorax, and one was transferred to Cardigan Sanatorium for that purpose.

Tonsils and Adenoids were removed for 16 children, all of whom had obviously infected tonsils. Only 4 were not definitely benefited by the operation; 2 lost coughs previously persistent, and 3 showed a reduction in the size of cervical glands. More children than formerly now reach the sanatorium having already had this operation performed.

Ultra-Violet Radiation.—For the first nine months of the year the children attended the Bingley Clinic three times a week. Then two lamps, a carbon arc and a mercury vapour, were installed in the sanatorium and taken into use from October 1st, when a specially trained nurse was appointed temporarily to supervise the treatment. Each child is usually exposed three times a week, working up, in the case of the mercury lamp to 15 minutes each way, back and front, and in the case of the carbon arc to 45 minutes. With the latter lamp it has been found advisable to take each day's treatment in two sittings, as some of the children become exhausted if made to sit too long.

Thirty-seven children finished their treatment during the year. 8 of these being stopped before the completion of the course for unsatisfactory symptoms; but one out of the eight was successfully transferred from the carbon arc to the mercury vapour lamp. The abdominal cases seem to do especially well with the treatment, though where the disease is severe it requires to be applied with great caution at first. The gland cases, though benefited in general health, are rather disappointing as to the effect on the glands—in one case only was a marked improvement evidently due to the rays, but in that case the effect was dramatic.

TABLE XXII.
ELDWICK SANATORIUM.
RESULTS OF ULTRA-VIOLET LIGHT TREATMENT.

Class of Case.	Case No.	Type of Lamp.	No. of exposures.	Result.	Remarks.
Pre-tubercular	1	Mercury Vapour	40	Good	Marked benefit to anæmia and mental condition.
	2	Do.	45	Do.	
	3	Do.	40	Moderately improved	No benefit from rays.
	4	Do.	18	Much improved	No benefit from rays. Benefit from T. and A.
Class I and Hilus ..	5	Do.	42	Good	
	1	Do.	17	Stopped	Sickness and nausea.
	2	Do.	26	Good	Marked benefit to anæmia.
	3	Do.	51	Do.	
	4	Do.	50	Do.	
	5	Carbon Arc	15	Do.	Benefit from rays.
Class II	6	Do.	45	Do.	Benefit from rays.
	1	Mercury Vapour	23	Stopped	Rapid pulse and feeling poorly.
Bronchitis	1	Do.	12	Do.	Loss of weight.
	2	Do.	50	Good	Benefit from rays.
	3	Do.	44	Do.	Benefit to anæmia and cough
Empyema	1	Do.	7	No benefit	Further operation required.
Glands	1	Do.	70	Good	
	2	Do.	33	Do.	
	3	Do.	40	Do.	Benefit from rays.
	4	Do.	47	Do.	
	5	Do.	39	Do.	
	6	Do.	55	Much improved	No benefit from rays.
	7	Do.	25	Stopped	Nausea.
	8	Carbon Arc	44	Good	
	9	Do.	30	Do.	Benefit from T. and A.
	10	Do.	80	Do.	Marked benefit from rays.
	11	Do.	49	Stopped	Hiccough.
	12	Do.	70	Good	Improvement in general health, but no benefit to glands.
	13	Do.	24	No benefit	Stopped by diphtheria.
	14	Do.	36	Good	Benefit from rays.
Abdominal	1	Mercury Vapour	14	Stopped	Felt poorly and lost weight.
		Carbon Arc	36		
	2	Carbon Arc	36	Good	
	3	Do.	33	Stopped	Languor.
	4	Do.	25	Good	
	5	Do.	80	Very good	Marked benefit from rays.
Lupus	6	Do.	29	Stopped	Hiccough. Transferred to Mercury Vapour Lamp
	1	Mercury Vapour	33	Good	Benefit from rays.
		Mercury Vapour (local)	182	Excellent	Cured.
		Carbon Arc (general)	184		

Crookhill Hall.

Dr. Lee reports as follows:—

This institution still serves its purpose of accommodating advanced cases, and thus segregating infective patients from their families. Naturally, results of treatment cannot be too good except as reckoned in terms of comfort.

During the year there 74 admissions, 58 discharges, and 15 deaths.

Classification of cases admitted:—

			Positive.	Negative.
Class I	...	...	2	8
Class II	...	...	6	17
Class III	...	...	24	17

During treatment one patient developed typhoid fever and was removed to the isolation hospital. This institution was put in quarantine, but no further cases occurred. One patient was sent to the Doncaster Royal Infirmary for drainage of empyema. He returned shortly afterwards and made an excellent recovery.

A course of colossal calcium injections was given to 15 patients, with indifferent results. Of the 6 cases treated with colossal antimony, in no instance was any improvement noted.

Two cases were sent for X-ray examination. In one there was a question of silicosis being present together with tuberculosis.

Dental treatment was essential in many of the cases which were admitted. It is surprising how many patients acquire dental caries in early adult life and do not have attention until years later.

TABLE XXIII.
IMMEDIATE RESULTS OF TREATMENT.

Classification on Admission.	Condition at time of discharge.	Duration of treatment in Institution.				Total.
		Under 3 months.	3-6 months.	6-12 months.	Over 12 months.	
Class T.B. Minus	Quiescent	2	2	3	2	9
	Improved	4	6	9	5	24
	No improvement	1	3	3	—	7
	Died in Institution	—	—	—	—	—
Class T.B. Plus Group I	Quiescent	—	—	—	—	—
	Improved	1	1	—	—	2
	No improvement	—	—	—	—	—
	Died in Institution	—	—	—	—	—
Class T.B. Plus Group II	Quiescent	—	1	—	—	1
	Improved	2	—	2	1	5
	No improvement	—	—	—	—	—
	Died in Institution	—	—	—	—	—
Class T.B. Plus Group III.	Quiescent	—	—	1	—	1
	Improved	—	—	2	4	6
	No improvement	3	—	—	—	3
	Died in Institution	10	3	2	—	15
		23	16	22	12	73

Cardigan Sanatorium.

Dr. Johnston reports as follows:—

During the year there were 189 patients admitted and 189 discharged.

Classification of patients admitted:—

A. For treatment—

T.B. Negative.	T.B. Positive.
112	Stadium I ... 9
	II ... 18
	III ... 26
Totals 112	53

B. For observation and diagnosis—

24 cases, 5 of whom were retained for treatment and 19 were discharged as non-tuberculous.

RESULTS OF TREATMENT.

The table included at the end of the report gives the condition of patients at discharge. It is often urged in criticism of sanatorium treatment that the results of treatment are confused by the relatively large number of T.B. negative cases, which figure as "fit for work," "quiescent," etc., and it is contended that the real criterion of the value of sanatoria is the fate of the T.B. positive cases. Consequently an analysis of the 112 T.B. negative cases is indicated. Six of these showed evidence of tuberculosis in the glands, bones, etc., regions from which the tubercle bacillus cannot be easily isolated and demonstrated. Similarly there were 30 patients in whose cases there was no doubt but that they had tuberculosis. The evidence included a history of unexplained hæmoptysis, accompanied or not by physical sign of tuberculosis; in others there was evidence of pleural effusion and again in others physical signs or definite symptoms or some combination of these, which made tuberculosis reasonably certain. The failure to find T.B. in the sputum in these is perfectly natural.

The remaining cases were subjected to thorough clinical examination, including X-ray and blood examinations. In 12 there was evidence of cardiovascular disease, in 8 bronchiectasis, in 1 empyema, in 3 toxic goitre, in 1 pulmonary new-growth, and in 1 pernicious anæmia. In the remainder, the diagnosis was doubtful. Certainly there was no evidence of active tuberculosis during their stay. Seven of these were patients who had had previous treatment in this sanatorium. In fact, of the 8 re-admissions during the year, only 1 had T.B. in the sputum.

Artificial pneumo-thorax was the chief special method of treatment carried out. In addition to continuing the treatment in patients dealt with in previous years, a successful pneumothorax was possible in 11 new cases. In one of these, the treatment was subsequently abandoned owing to bilateral disease, and the patient died. In the 10 others the treatment was maintained with good results. In 6 other patients, the establishment of a pneumothorax failed owing to pleural adhesions, 5 of these died within a year. This gives an indication of the type of case this treatment is applied to, viz., severe active tuberculosis of grave prognosis (vide table, Results of Artificial Pneumothorax Treatment). Altogether there were 253 refills given.

Heliotherapy.—Whatever natural sunlight there was during the summer of 1930 was fully availed of by the patients, who on their own initiative discard stockings, sleeves and any redundant clothing. By this means they ensure comfort and coolness and avoid the disadvantages of the heat.

Instructional Therapy.—About 4 hours' instruction was given weekly. Articles in leather and cloth were produced. Such occupation is likely to have some good effect on the patients, who are apt to become bored and fretful if not occupied with interesting tasks.

Radiography.—As in former years X-ray examinations were carried out at the Clayton Hospital. Sixteen patients were X-rayed because of the absence of evidence of tuberculosis, and in all the results were negative. Eight patients were X-rayed in connection with treatment, especially in connection with artificial pneumothorax.

Dental Treatment.—Radical dental treatment with substitution of dentures was required in several instances, but the patients usually find it more convenient to obtain this before or after their admission.

TABLE XXIV.
CARDIGAN SANATORIUM.
IMMEDIATE RESULTS OF TREATMENT OF PATIENTS DISCHARGED, 1930.

Classification on Admission.	Condition at time of discharge.	Duration of treatment in Institution.				Total.
		Under 3 months.	3-6 months.	6-12 months.	Over 12 months.	
Class T.B. Minus	Quiescent	4	31	1	—	36
	Improved	16	31	6	—	53
	No material improvement	32	2	—	—	34
	Died in Institution	1	—	—	—	1
Class T.B. Plus Group I	Quiescent	—	3	1	—	4
	Improved	—	3	1	—	4
	No material improvement	3	—	—	—	3
	Died in Institution	—	—	—	—	—
Class T.B. Plus Group II	Quiescent	—	2	2	—	4
	Improved	2	8	2	—	12
	No material improvement	3	1	—	—	4
	Died in Institution	1	—	—	—	1
Class T.B. Plus Group III	Quiescent	—	1	1	—	2
	Improved	—	1	1	—	2
	No material improvement	5	5	—	—	10
	Died in Institution	—	1	—	—	1
		67	89	15	—	171

TABLE XXV.
ARTIFICIAL PNEUMOTHORAX TREATMENT IN CARDIGAN SANATORIUM, 1930.

Case No.	Group (Turban-Gerhardt).	Indication for Induction.	Date of Commencement of Treatment.	Result.	Remarks.
1	Pulmonary III T.B.+	Gross consolidation of one lung. Unlikely to resolve spontaneously	Mar., 1930	Treatment in progress	Quiescent. At work. No sputum.
2	Pulmonary III T.B.+	Complete involvement of one lung. Tuberculous laryngitis	Jan., 1930	Do.	Quiescent. Unemployed. No sputum.
3	Pulmonary III T.B.+	Uncontrolled pyrexia. Bilateral disease	Mar., 1930	Do.	Activity of untreated side. Unfit.
4	Pulmonary III T.B.+	Progressive unilateral disease in girl of 15	Feb., 1930	Do.	Quiescent. Effusion.
5	Pulmonary II T.B.+	Unilateral lesion. Bad family history	April, 1930	Do.	Good collapse, but health is not improved; focus elsewhere.
6	Pulmonary III T.B.+	Chronic disease affecting all one lung	Mar., 1930	Do.	Quiescent. Effusion.
7	Pulmonary II T.B.+	Chronic unilateral disease	July, 1930	Do.	Improving.
8	Pulmonary III T.B.+	Acute consolidation of one lung. Uncontrolled pyrexia	April, 1930	Do.	Not improving. General health poor. Bilateral spread.
9	Pulmonary III T.B.+	Chronic unilateral disease. Failure to heal after 7 years	Sept., 1930	Do.	Much improved. Abolition of sputum, etc.
10	Pulmonary III T.B.+	Chronic bilateral disease. Failure to heal after 5 years	Nov., 1930	Do.	Unchanged to date.
11	Pulmonary II T.B.+	Acute bilateral disease	Aug., 1930	Treatment abandoned	Death. Onset of acute miliary tuberculosis.
12	Pulmonary III T.B.+	Recent unilateral disease. Bad family history	Aug., 1930	Pneumothorax cavity closed as a result of organised effusion. Moderately improved.	—

LIST OF TUBERCULOSIS DISPENSARY AREAS, SHEWING DISPENSARY ADDRESSES, AND TIMES OF SESSIONS (Revised to June, 1931).

Situation of Central Dispensary or Branch.	Day and Time of Session.	Sanitary Districts included in area.	District Tuberculosis Officer.
Church Street, Barnsley	Wednesdays 10 a.m. and 2 p.m.; Fridays and Saturdays, 10 a.m.	Urban: Cadworth, Darfield, Darton, Dodworth, Gnnthwaite and Ing-birehworth, Hoyland Nether, Hoylandswaine, Penistone, Royston, Thurlstone, Wombwell and Worsborough.	H. A. Crowther, M.R.C.S., L.R.C.P., M.A.
Wesleyan Sunday School, Penistone The Green, South Kirkby	Thursdays, 10.0 a.m. Tuesdays, 11 a.m.	Rural: Barnsley, Hemsworth (part of), Penistone and Wortley (part of).	
Branch House Chambers, Batley	Thursdays, 2 and 6 p.m.; Saturdays, 10 a.m.	Urban: Ardsley E. and W. (part of), Batley Borough, Birkenshaw, Birstall, Calverley, Drighlington, Farsley, Gildersome, Heckmondwike, Hunsworth, Morley Borough, Ossett Borough (part of), Pudsey Borough and Spensborough.	V. Ryan, M.D., Ch.B., D.P.H.
Wesley Chambers, Lidgett Hill, Pudsey	Tuesdays, 2 p.m.		
Down Hall, Knowler Hill, Liversedge Union Bank Chambers, Queen Street, Morley	Fridays, 10 a.m. Thursdays, 10 a.m.		
Merton House, Christchurch Road, Doncaster	Mondays, 2 and 7 p.m.; Thursdays, 10 a.m.; Saturdays, 10 a.m.	Urban: Adwick-le-Street, Bentley-with-Arksey, Goole, Tickhill.	Alexander Leitch, M.B., Ch.B., D.P.H.
Belgravia, Goole Thorne Hall, Thorne	Tuesdays, 10.30 a.m. Fridays, 10 a.m.	Rural: Doncaster (less Denaby, and Adwick-on-Dearne), Goole, Thorne.	
Ramsden Street, Huddersfield	Tuesdays, 2 p.m.; Fri- days, 2 and 7 p.m.	Urban: Clayton West, Denby and Cumberworth, Emley, Flockton, Golcar, Holme, Holmfirth, Honley, Kirkburton, Kirkheaton, Lepton, Linthwaite, Marsden, Meltham, Mirfield, New Mill, Saddleworth, Shelley, Shepley, Skelmanthorpe, Slaithwaite, South Crosland, Springhead, Thurstonsland and Farnley Tyas, and Whitley Upper	John E. Gething, M.B., Ch.B., B.A.
rs. Kenworthy, Court Street, Upper- mill	Thursdays, 10 a.m.		
Huddersfield Road, Holmfirth Russell's Shop, Marsden	Wednesdays, 3 p.m. Thursdays, 3 p.m.		
3, Skipton Road, Keighley	Wednesdays, 10 a.m.; Thursdays, 7 p.m.	Urban: Barnoldswick, Denholme, Earby, Haworth, Keighley Borough, Oakworth, Oxenholpe, Queensbury, Silsden, and Skipton.	E. Allan Wilson, M.D., M.R.C.S., L.R.C.P.
Friendly Societies' Hall, Sheep Street, Skipton Manchester Road, Barnoldswick	Fridays, 10 a.m. Tuesdays, 11 a.m. and 2 p.m.	Rural: Bowland, Keighley, Sedbergh, Settle and Skipton.	
Exchange Buildings, Market Street, Mexborough	Mondays, 10 a.m.; Wed- nesdays, 10 a.m. and 2 p.m.	Urban: Bolton-on-Dearne, Wath on-Dearne, Conisbrough, Mexborough, Swinton, Thurnscoe.	(Vacant)
Goldthorpe Road, Goldthorpe	Thursdays, 10 a.m.		
Whiteley Croft, off Station Road, Otley	Fridays, 10 a.m. and 2 p.m.	Urban: Baildon, Bingley, Burley-in-Wharfedale, Guiseley, Harrogate Borough, Horsforth, Ilkley, Knaresborough, Otley, Rawdon, Ripon City, Shipley, and Yeadon.	Gerrard A. Crowley, M.D., D.P.H., B.A.
Kirkgate, Shipley	Wednesdays, 1.30 p.m.		
North Park Road, Harrogate	Mondays, 2 p.m.; Thurs- days, 2 p.m.	Rural: Great Ouseburn, Knaresborough, Pateley Bridge, Ripon, Wetherby, and Wharfedale.	
The Lindens, Linden Terrace, Tan- shelf, Pontefract Child Welfare Centre, Westgate, Tadcaster	Tuesdays, 2 p.m.; Fri- days, 2 and 6.30 p.m. First and Third Thurs- days each month, 10.30 a.m.	Urban: Castleford, Featherstone, Garforth, Knottingley, Methley, Pontefract Borough, Selby and Whitwood.	Thos. W. Rattledge, M.B., Ch.B., D.P.H.
To Appleton, Chemist, Finkle Street, Selby	Mondays, 10.30 a.m.	Rural: Bishopthorpe, Pontefract, Selby and Tadcaster.	
Ramsden House, Moorgate Street, Rotherham	Fridays, 10 a.m. and 2 p.m.	Urban: Greasbrough, Maltby, Rawmarsh, Stocksbridge.	E. J. C. Groves, M.B., Ch.B.
Parson Cross Road, Wadsley Bridge	Thursdays, 1.30 p.m.	Rural: Kiveton Park, Rotherham, Wortley (part of).	
Middleton Institute, Dinnington Urban District Council Offices, Stocksbridge	Tuesdays, 10 a.m. Mondays, 12 noon.		
Mistle Villa, Sowerby Bridge	Tuesdays, 10 a.m.; Thursdays, 2.30 p.m.; Saturdays, 10 a.m.	Urban: Barkisland, Brighouse Borough, Elland, Greeland, Hebden Bridge, Hipperholme, Liddendenfoot, Midgley, Mytholmroyd, Rishworth, Seammunden, Shelf, Southowram, Sowerby, Soyland, Stainland, Todmorden Borough.	George M. B. Liddle, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.
Fasonic Hall, Todmorden	Tuesdays and Fridays, 2.30 p.m.		
Mill House, Bradford Road, Brighouse	Thursdays, 10 a.m.	Rural: Halifax and Todmorden.	
Almshouse Lane, Wakefield	Tuesdays, 2 p.m.; Fri- days, 2 and 7 p.m. Saturdays, 10 a.m. (Ex-Servicemen).	Urban: Altofts, Ardsley E. and W. (part of), Hemsworth, Ilorbury, Normanton, Ossett Borough (part of), Rothwell, and Stanley.	(Vacant)
Linsoll Street, Hemsworth	Thursdays, 10 a.m. and 2 p.m.	Rural: Hemsworth (part of), Hunslet and Wakefield.	
The Park Pavilion, Normanton Isolation Hospital, Rothwell	Tuesdays, 10.30 a.m. Mondays, 10 a.m. and 2 p.m.		

REPORT BY COUNTY MEDICAL OFFICER
and
CHIEF TUBERCULOSIS OFFICER
on
AFTER-HISTORIES OF SANATORIUM PATIENTS, 1923-29.

The following report, prepared on the instruction of your Committee, sets out the after-histories of patients who received sanatorium treatment during the period 1923-1929. As in the case of most other statistical summaries, a careful discrimination should be exercised in assessing the values of certain figures. A casual survey without regard being paid to modifying factors will frequently result in misrepresentation and the formulation of faulty conclusions.

Thus certain arbitrary standards must be adopted when applying the terms "cured," "arrested," and "quiescent," and it will be appreciated that varying degrees of skill on the part of different Medical Officers will produce a certain amount of lack of uniformity in the application of these terms by them. Such difference of opinion may well be anticipated in dealing with the disease tuberculosis, in which the manifestations are frequently so vague and so misleading, and in which the signs of activity are often so difficult to determine. Subject to these qualifying remarks, therefore, the expressions referred to above should be interpreted in this report as follows:—

Quiescent.—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except such as are compatible with a completely healed lesion and in which sputum if present is free from tubercle bacilli.

Arrested.—Cases in which, if pulmonary, the disease has been quiescent for a period of at least two years, or if non-pulmonary the disease is quiescent, and there is reason to believe that it is unlikely to recur.

Cured.—Cases in which arrest of the disease has been maintained for at least three years.

Class I.—Cases with slight constitutional disturbance and limited physical signs. No complications of prognostic gravity should be present.

Class III.—Cases with profound systemic disturbance or constitutional deterioration with marked impairment of function either local or general, and with little or no prospect of recovery.

Class II includes all cases which cannot be placed in Class I and III.

For the purpose of this investigation, a card questionnaire was circulated on the following lines:—

Part I. Obverse.	Part II. Reverse.
Patient	<i>Notes by D.T.O.</i>
Age Notified on.....	Condition in 1930 (date)
Usual occupation	(a) Alive: Whether cured, etc.
Dispensary	Sputum plus or minus
Location in N.P.	Working: At own occupation or
Dispy. Sputum and Date	otherwise
Adm. Disch.	Receiving treatment at dispy.....
Institution	Recurrences since notification.....
Immediate results	Social condition
Sputum on discharge	Housing conditions
	(b) Dead: Date of death
	Cause
	Remarks:

Part I was completed from sanatorium records at Wakefield, and Part II by the District Tuberculosis Officer of the area in which the patient was domiciled.

There was considerable difficulty in keeping in touch with all the patients. At the date of this investigation 1,147, or 17·3%, had left the district since discharge—a large proportion leaving no address. Many were reluctant to give information from the fear of losing their employment, whilst in females “lost sight of,” many had since married and changed their names.

Main Points of the Report.

For the convenience of the Committee, a few of the more outstanding features of the report are detailed below. It will be observed that this survey covers the period 1923–29. From the foregoing definitions, however, it will be evident that reliable data concerning patients “cured” can only be presented up to and including the year 1925.

(1) Of the total ex-sanatorium adult pulmonary patients reviewed, numbering 6,663, there were at the end of 1929, 3,995 still living, whilst 1,521 were dead (excluding those lost sight of).

(2) Of the total 3,995 survivors who had passed through sanatorium, 3,712 (all stages) had negative sputum, and 283 (all stages) were sputum-positive cases.

Of the 3,712 “negative” cases, 328 were cured and 711 arrested; whereas of the 283 “positive” cases only 4 were cured, and 38 arrested.

(3) The number of deaths occurring among ex-sanatorium adult patients (all stages) during 1923–29 was 1,521. (In 48 of this number the deaths were certified as being due to other causes). Of the 1,521 deaths, tubercle bacilli had not been discovered in the sputum of 707 (T.B. negative) and the remainder—814—were sputum-positive cases.

(4) Examining the deaths more closely and comparing the fatality rate of those discharged from institutions in the early stages (Class I) with those discharged in the late stages (Classes II and III) it will be seen that of the “T.B. Negatives” in Class I there were 150, or 6·7% deaths, compared with 557, or 25·3%, in Classes II and III (out of a total number of T.B. Negative discharges of 4,419, excluding those who left the district), while of the “T.B. Positives” in Class I there were 42 deaths, or 56·7%, compared with 772, or 75·4%, in Classes II and III (out of a total number of T.B. Positive discharges of 1,097, excluding those who left the district).

It will be noted that of the net total deaths of T.B. Positive cases (814) 304 (37·3%) remained in the institution for a period not exceeding 3 months, 284 (34·8%) remained for 3–6 months, and only 226 (27·9%) continued treatment for a period longer than 6 months.

(4a) In the Ministry of Health analysis of 1928 (under Memo. 131B/T) it was shown that the number of sputum examinations per 100 new cases and contacts examined was 33 in the West Riding, compared with 80 in Lancashire.

(5) There were 1,310 children with negative sputum diagnosed as suffering from pulmonary tuberculosis (excluding those lost sight of) and out of this number there were only 37 deaths. The number of sputum-positive cases of pulmonary tuberculosis in children was 30, and of these 19 died. This considerable difference in fatality rate between the sputum positive and negative cases would suggest a too great readiness to “label” the weakly or bronchitic child tuberculous.

(6) Of the non-pulmonary cases discharged from institutions during the period 1923–29 there were 150 adults and 615 children. Of the adults on 1st July, 1930, 4 (or 2·6%) were cured, 31 (or 20·7%) arrested. In children, 39 (or 6·3%) were cured and 171 (or 27·7%) arrested. As most of the adults admitted had reached a more or less chronic stage, and were therefore less

amenable to treatment, the results of institutional treatment of non-pulmonary cases should be gauged by the figures relating to children only, and may then be considered satisfactory.

Conclusion.

The statistical survey of the after-history of patients who have been admitted to sanatorium beds under the West Riding anti-tuberculosis scheme during the period 1923-1929 reveals several serious defects in the methods in operation. The results of sanatorium treatment of pulmonary tuberculosis, according to the findings in the report, are not satisfactory, the best evidence of this being in the small proportion of cured or arrested cases among sputum-positive patients at the end of the period under review. Two factors, however, must not be forgotten in considering this adverse statement: first, in regard to the sputum-negative cases, there was an appreciable number in this group who became either cured or arrested, and assuming that a fair proportion of these—at one time or another—actually were sputum-positive (and, viewing the number of deaths in the negative cases, this would appear to be a reasonable assumption), then a correspondingly increased number of patients cured or arrested would have been included in the sputum-positive group, and the picture would have then appeared more favourable.

The other point, which is possibly of even greater importance in casting a reflection upon the value of sanatorium treatment as represented by this report, is the high proportion of advanced cases among whom no reasonable possibility of cure could be expected and who were admitted to the various institutions. It is an accepted policy that sanatoria are intended for the reception of selected cases which are likely to respond to this form of treatment. Obviously, therefore, it would be erroneous to judge the results of such an institution when its functions are being usurped by unsuitable cases.

The duration of stay of sputum-positive cases who died (814) calls for serious comment. It is regrettable that of this number such a great proportion as 37% remained in the institution for no longer than 3 months, while nearly 35% continued treatment for a period of only 3 to 6 months.

As indicated in the report, the institutional treatment of non-pulmonary tuberculosis appears to be giving satisfactory results.

After-Histories of Sanatorium Patients, 1923-29. (Statement in detail.)

(It should be noted that figures relating to persons "left the district," are included in the percentage calculations appearing in this section of the Report.)

This investigation relates to 6,813 adults and 2,195 children (children being patients under 15 years of age).

PULMONARY TUBERCULOSIS.

During the period 1923-29, of the 6,663 adult pulmonary discharges in all stages of the disease, and whether T.B. + or T.B. — on 1st July, 1930:—

332 or 4.9% were cured.

749 or 11.3% were arrested.

2,914 or 43.7% were quiescent or active.

1,521 or 22.8% had died since discharge.

1,147 or 17.3% had left the district since discharge.

representing 3,995 survivors and 1,521 dead, of those whose history is known.

Of the latter, 1,473 had died from tuberculosis and 48 from other causes.

Of the total number of adult pulmonary cases investigated, 5,451, or 81.8%, had only one term of institutional treatment. 1,212, or 18.2%, had more than one term of treatment.

In children, 1,493, or 94.4%, had only one term of institutional treatment. 88, or 5.6%, had more than one.

ADULTS.

During the above mentioned period, and viewing the after-histories of all adult pulmonary T.B. negative cases, of whichever stadium (Turban Gerhardt), on the date of this investigation there were 3,712 survivors and 707 dead.

Of the latter, 665 had died of tuberculosis and 42 from other causes.

Of a total of 2,772 Class I T.B. negative cases (adults):—

Men (1,589).	Women (1,183).
142 or 8.9% were cured.	100 or 8.4% were cured.
207 or 13.1% were arrested.	170 or 14.3% were arrested.
879 or 55.3% were quiescent or active.	572 or 48.3% were quiescent or active.
74 or 4.7% had died since discharge.	76 or 6.4% had died since discharge.
287 or 18.0% had left the district.	265 or 22.6% had left the district.

Of a total of 2,658 Class II and III negative cases (adults):—

Men (1,754).	Women (904).
66 or 3.8% were cured.	20 or 2.2% were cured.
237 or 13.5% were arrested.	97 or 10.7% were arrested.
846 or 48.2% were quiescent or active.	376 or 41.6% were quiescent or active.
314 or 17.9% had died since discharge.	243 or 26.9% had died since discharge.
291 or 16.6% had left the district.	168 or 18.6% had left the district.

During the above mentioned period, and viewing the after-histories of all T.B. + cases (adults, all stages) whose condition was known on the 1st July, 1930, there were 283 survivors and 814 dead. Of the latter 808 had died of tuberculosis and 6 from other causes.

(A) Of a total of 90 (men 50, women 40) early T.B. + cases (adults):—

Men.	Women.
1 or 2.0% were cured.	0 or 0.0% were cured.
3 or 6.0% were arrested.	0 or 0.0% were arrested.
18 or 36.0% were quiescent or active.	10 or 25.0% were quiescent or active.
16 or 32.0% had died since discharge.	26 or 65.0% had died since discharge.
12 or 24.0% had left the district.	4 or 10.0% had left the district.

(B) Of a total of 1,143 (men 657, women 486) more advanced T.B. + cases (adults):—

Men.	Women.
1 or 0.2% were cured.	2 or 0.4% were cured.
29 or 4.4% were arrested.	6 or 1.2% were arrested.
140 or 21.3% were quiescent or active.	73 or 15.0% were quiescent or active.
404 or 61.4% had died since discharge.	368 or 79.8% had died since discharge.
83 or 12.7% had left the district.	37 or 7.6% had left the district.

Of the T.B. negative cases in adults, of whatever stadium and discharged during the period 1923-29, and found on the 1st July, 1930, to be (A) cured or (B) dead:—

(A) Men (208).	Women (120).
Of those cured in 1930:—	Of those cured in 1930:—
55 or 26.4% received treatment during 1923.	32 or 26.7% received treatment during 1923.
88 or 42.3% do. 1924.	49 or 40.8% do. 1924.
65 or 31.3% do. 1925.	39 or 32.5% do. 1925.

(B) Of those who died from tuberculosis since discharge:—

Men.	Women.
85 or 21.9% had received treatment during 1923.	40 or 12.5% had received treatment during 1923.
55 or 14.2% do. 1924.	52 or 16.3% do. 1924.
62 or 16.0% do. 1925.	56 or 17.5% do. 1925.
93 or 23.9% do. 1926.	79 or 24.7% do. 1926.
50 or 12.8% do. 1927.	51 or 15.9% do. 1927.
23 or 5.9% do. 1928.	24 or 7.8% do. 1928.
20 or 5.3% do. 1929.	17 or 5.3% do. 1929.

Of a total of 4 T.B. + cases (adults) found to be cured on 1st July, 1930, 2 were men and 2 were women.

Men.			Women.		
Of the men found cured in 1930:—			Of the women found cured in 1930:—		
0 or 0.0%	received treatment		0 or 0.0%	received treatment	
	during 1923.			during 1923.	
1 or 50.0%	do.	1924.	1 or 50.0%	do.	1924.
1 or 50.0%	do.	1925.	1 or 50.0%	do.	1925.

Of the 4 cases found cured (2 men and 2 women):—

Men.			Women.		
1 or 50.0%	were classified Stadium I.		0 or 0.0%	were classified Stadium I.	
1 or 50.0%	do. Stadium II.		0 or 0.0%	do. Stadium II.	
0 or 0.0%	do. Stadium III.		2 or 100%	do. Stadium III.	

Of the total adults (T.B. Positive) found to be cured in 1930:—

- 1 or 25% had remained in institution 3 months and under.
- 3 or 75% had remained in institution longer than 6 months.

Out of a total of 814 T.B. positive cases in adults found to be dead on July 1st, 1930, 420 were men and 394 were women.

Men (420).			Women (394).		
32 or 7.6%	had received		55 or 13.9%	had received	
	treatment during 1923.			treatment during 1923.	
67 or 15.9%	do.	1924.	63 or 16.0%	do.	1924.
94 or 22.3%	do.	1925.	82 or 20.8%	do.	1925.
47 or 11.2%	do.	1926.	30 or 7.6%	do.	1926.
87 or 20.7%	do.	1927.	53 or 13.5%	do.	1927.
51 or 12.1%	do.	1928.	81 or 20.6%	do.	1928.
42 or 10.2%	do.	1929.	30 or 7.6%	do.	1929.

Of the cases found to be dead in 1930:—

Men (420).			Women (394).		
16 or 3.8%	were classified Stadium I.		26 or 6.1%	were classified Stadium I.	
21 or 5.0%	do. II.		137 or 34.7%	do. II.	
383 or 91.2%	do. III.		231 or 59.2%	do. III.	

Of the above cases:—

- 304 or 37.3% had remained in Institution 3 months and under.
- 284 or 34.8% do. do. 3-6 months.
- 226 or 27.9% do. do. longer than 6 months.

CHILDREN.

On reviewing the after-histories of all the T.B. negative pulmonary cases in children (all stages) at the date of this investigation, there were 1,273 survivors and 37 dead (excluding cases "lost sight of").

Of the latter, 33 had died of tuberculosis and 4 from other causes.

Boys.			Girls.		
(A) Of a total of 686 Class I Negative Cases:—			Of a total of 549 Class I Negative Cases:—		
55 or 8.0%	were cured.		47 or 8.4%	were cured.	
188 or 27.4%	were arrested.		143 or 26.0%	were arrested.	
328 or 47.8%	were quiescent or active.		255 or 46.4%	were quiescent or active.	
7 or 1.1%	had died since discharge.		13 or 2.4%	had died since discharge.	
108 or 15.7%	had left the district.		91 or 16.8%	had left the district.	

(B) Of a total of 316 (boys 135, girls 181) Class II and Class III Negative Cases:—

12 or 8.9%	were cured.	20 or 11.0%	were cured.
35 or 25.9%	were arrested.	27 or 14.9%	were arrested.
67 or 49.6%	were quiescent or active.	96 or 53.2%	were quiescent or active.
4 or 3.0%	had died since discharge.	13 or 7.1%	had died since discharge.
17 or 12.6%	had left the district.	25 or 13.8%	had left the district.

During the period of this investigation, and viewing the after-histories of T.B.+ cases in children (total 30) on 1st July, 1930, it was found that on this date there were 11 survivors and 19 dead. Of the latter, 19 had died of tuberculosis and 0 from other causes.

(A) Of a total of 4 (2 boys and 2 girls) early T.B.+ cases (children):—

Boys.	Girls.
0 or 0.0% were cured.	0 or 0.0% were cured.
0 or 0.0% were arrested.	1 or 50.0% were arrested.
2 or 100% were quiescent or active.	1 or 50.0% were quiescent or active.
0 or 0.0% had died since discharge.	0 or 0.0% had died since discharge.
0 or 0.0% had left the district.	0 or 0.0% had left the district.

(B) Of a total of 26 more advanced T.B.+ cases (children):—

0 or 0.0% were cured.	0 or 0.0% were cured.
1 or 16.4% were arrested.	1 or 5.0% were arrested.
1 or 16.4% were quiescent or active.	4 or 20.0% were quiescent or active.
4 or 67.2% had died since discharge.	15 or 75.0% had died since discharge.
0 or 0.0% had left the district.	0 or 0.0% had left the district.

Of the T.B. negative cases in children of whatever stadium, and discharged during the period 1923-9, and found on the 1st July, 1930, to be (A) cured, or (B) dead:—

Boys.	Girls.
(A) Of those cured in 1930 (67):—	Of those cured in 1930 (67):—
11 or 16.4% had received treatment during 1923.	16 or 23.9% had received treatment during 1923.
24 or 35.8% do. 1924.	30 or 44.8% do. 1924.
32 or 47.8% do. 1925.	21 or 31.3% do. 1925.

(B) Of those who died of tuberculosis since discharge:—

0 or 0.0% received treatment during 1923.	2 or 7.7% had received treatment during 1923.
3 or 27.3% do. 1924.	8 or 30.7% do. 1924.
3 or 27.3% do. 1925.	2 or 7.7% do. 1925.
1 or 9.1% do. 1926.	3 or 11.6% do. 1926.
0 or 0.0% do. 1927.	8 or 30.7% do. 1927.
4 or 36.3% do. 1928.	2 or 7.7% do. 1928.
0 or 0.0% do. 1929.	1 or 3.9% do. 1929.

Of a total of 30 T.B.+ cases in children no cases were found to be cured on 1st July, 1930.

Out of a total of 19 T.B.+ cases in children found to be dead in July, 1930, 4 were boys and 15 were girls.

Boys.	Girls.
0 or 0.0% had received treatment during 1923.	2 or 13.3% had received treatment during 1923.
0 or 0.0% do. 1924.	7 or 46.6% do. 1924.
0 or 0.0% do. 1925.	1 or 6.8% do. 1925.
1 or 25.0% do. 1926.	0 or 0.0% do. 1926.
2 or 50.0% do. 1927.	3 or 20.0% do. 1927.
0 or 0.0% do. 1928.	0 or 0.0% do. 1928.
1 or 25.0% do. 1929.	2 or 13.3% do. 1929.
and	
0 or 0.0% were classified Stadium I on discharge.	0 or 0.0% were classified Stadium I on discharge.
0 or 0.0% do. Stadium II.	3 or 20.0% do. Stadium II.
4 or 100% do. Stadium III.	12 or 80.0% do. Stadium III.
9 or 47.3% had remained in institution 3 months and under.	
4 or 21.1% do. do. 3-6 months.	
6 or 31.6% do. do. longer than 6 months.	

Relating to the duration of institutional treatment of all pulmonary adults, whether sputum positive or negative, during the period 1923-29:—

(A) Adults who had one term of institutional treatment only:—

Men.	Women.
1236 or 35.6% had remained in institution 3 months and under.	973 or 40.8% had remained in institution 3 months and under.
1427 or 41.1% had remained 3-6 months.	1007 or 42.3% had remained 3-6 months.
805 or 23.3% had remained longer than 6 months.	403 or 16.9% had remained longer than 6 months.

(B) Adults who had more than one term of institutional treatment:—

Men.	Women.
260 or 44.7% had remained in institution 3 months and under.	79 or 34.3% had remained in institution 3 months and under.
216 or 37.1% had remained 3-6 months.	100 or 43.4% had remained 3-6 months.
106 or 18.2% had remained longer than 6 months.	51 or 22.3% had remained longer than 6 months.

Reviewing the above table according to the stage of the disease of all sputum-positive cases, the following information was revealed:—

Of all the Stadium I (T.B.+) cases:—

Men.	Women.
22 or 44.0% had remained in institution 3 months and under.	17 or 42.5% had remained in institution 3 months and under.
15 or 30.0% had remained 3-6 months.	12 or 30.0% had remained 3-6 months.
13 or 26.0% had remained longer than 6 months.	11 or 27.5% had remained longer than 6 months.

Of all the Stadium II (T.B.+) cases:—

58 or 33.9% had remained in institution 3 months and under.	69 or 35.0% had remained in institution 3 months and under.
69 or 40.4% had remained 3-6 months.	85 or 43.1% had remained 3-6 months.
44 or 25.7% had remained longer than 6 months.	43 or 21.9% had remained longer than 6 months.

Of all the Stadium III (T.B.+) cases:—

150 or 30.9% had remained in institution 3 months and under.	109 or 37.7% had remained in institution 3 months and under.
156 or 32.1% had remained 3-6 months.	101 or 34.9% had remained 3-6 months.
180 or 37.0% had remained longer than 6 months.	79 or 27.4% had remained longer than 6 months.

SURGICAL TUBERCULOSIS (NON-PULMONARY).

During the period 1923-29, 150 adults and 615 children received institutional treatment for surgical tuberculosis. Of these, on the 1st July, 1930:—

Of the adults (men 75, women 75):—	Children (boys 309, girls 306):—
4 or 2.6% were recovered.	39 or 6.3% were recovered.
31 or 20.7% were arrested.	171 or 27.7% were arrested.
74 or 49.3% were quiescent or active.	295 or 48.1% were quiescent or active.
23 or 15.3% had died since discharge.	22 or 3.6% had died since discharge.
18 or 12.1% had left the district.	88 or 14.3% had left the district.

The above represents 614 survivors and 45 dead.

Of the latter, 43 had died from tuberculosis and 2 from other causes.

Of the total number of adult cases investigated, 95 or 63.3% had only one term of institutional treatment; 55 or 36.7% had received more than one term of institutional treatment.

In the case of children, 554 or 90·1% had only one term of institutional treatment; 61 children or 9·9% had more than one term of treatment.

(A) Cases recovered on 1st July, 1930.

The following shows the position of the cases found "recovered" in July, 1930:—

Adults.			Children.		
0 or 0·0%	had received		12 or 30·7%	had received	
	treatment in 1923.			treatment in 1923.	
2 or 50·0%	do.	1924.	10 or 25·6%	do.	1924.
2 or 50·0%	do.	1925.	17 or 43·7%	do.	1925.

Of the cases found recovered in July, 1930:—

9 or 20·9%	had remained in institution	3 months and under.
4 or 9·3%	do.	do. 3-6 months.
30 or 69·8%	do.	do. longer than 6 months.

(B) Of the cases who had died from tuberculosis since discharge:—

3 or 6·7%	had received institutional treatment during	1923.
5 or 11·1%	do.	do. 1924.
6 or 13·4%	do.	do. 1925.
10 or 22·2%	do.	do. 1926.
8 or 17·7%	do.	do. 1927.
7 or 15·5%	do.	do. 1928.
6 or 13·4%	do.	do. 1929.

PULMONARY TUBERCULOSIS.

Viewing the cases according to their classification and date of discharge (whether with one term or more of institutional treatment) the following after-histories were obtained on 1st July, 1930:—

MEN (CLASS I NEGATIVE).										WOMEN (CLASS I NEGATIVE).										CHILDREN (CLASS I NEGATIVE).									
Year of Discharge.	Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.											
			From T.B.	%	From other causes.			From T.B.	%	From other causes.			From T.B.	%	From other causes.			From T.B.	%	From other causes.									
1923	124	88.5	14	10.0	2	66	84.6	11	14.1	1	74	98.7	1	1.3	—	—	—	—	—										
1924	152	95.6	6	3.8	1	100	89.3	12	10.7	—	98	92.4	6	5.6	2	2.0	—	—	—										
1925	161	90.4	13	7.3	4	121	87.1	14	10.0	4	152	98.1	3	1.9	—	—	—	—	—										
1926	190	91.8	15	7.2	2	129	90.8	9	6.3	4	180	98.9	1	0.5	1	0.5	—	—	—										
1927	165	96.5	4	2.3	2	121	89.6	12	8.9	2	159	98.1	2	1.2	1	0.7	—	—	—										
1928	221	96.9	7	3.1	—	143	97.3	3	2.0	1	177	98.3	3	1.7	—	—	—	—	—										
1929	215	98.1	3	1.4	1	162	98.2	3	1.8	—	176	100.0	—	—	—	—	—	—	—										
Totals	1223		62		12	842		64		12	1016		16		4														
MEN (CLASSES II AND III NEGATIVE).										WOMEN (CLASSES II AND III NEGATIVE).										CHILDREN (CLASSES II AND III NEGATIVE).									
Year of Discharge.	Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.											
			From T.B.	%	From other causes.			From T.B.	%	From other causes.			From T.B.	%	From other causes.			From T.B.	%	From other causes.									
1923	120	63.5	63	33.3	6	31	52.5	27	45.7	1	29	96.6	1	3.4	—	—	—	—	—										
1924	177	78.6	46	20.4	2	69	63.3	40	36.7	—	39	92.8	3	7.2	—	—	—	—	—										
1925	200	81.6	43	17.6	2	62	62.0	38	38.0	—	33	94.3	2	5.7	—	—	—	—	—										
1926	168	68.8	72	29.5	4	85	56.3	65	43.0	1	32	94.1	2	5.9	—	—	—	—	—										
1927	182	80.5	43	19.0	1	83	69.1	37	30.9	—	40	88.8	5	11.2	—	—	—	—	—										
1928	146	90.1	15	9.3	1	84	87.7	20	12.3	—	39	92.8	3	7.2	—	—	—	—	—										
1929	156	90.7	16	9.3	—	79	84.9	14	15.1	—	45	97.8	1	2.2	—	—	—	—	—										
Totals	1149		298		16	493		241		2	257		17		—														

PULMONARY TUBERCULOSIS, continued.

Year of Dis-charge.	MEN (EARLY T.B. POSITIVE).				WOMEN (EARLY T.B. POSITIVE).				CHILDREN (EARLY T.B. POSITIVE).			
	Survivors, July, 1930.	Died since Discharge.			Survivors, July, 1930.	Died since Discharge.			Survivors, July, 1930.	Died since Discharge.		
		From T.B.	%	From other causes.		From T.B.	%	From other causes.		From T.B.	%	From other causes.
1923	4	1	20.0	—	2	8	20.0	—	—	—	—	—
1924	4	5	55.6	—	—	5	—	—	—	—	—	—
1925	3	5	62.5	—	2	6	25.0	—	—	—	—	—
1926	5	1	16.7	—	—	—	—	—	1	—	100.0	—
1927	1	3	75.0	—	—	4	—	—	1	—	100.0	—
1928	4	—	—	—	2	2	50.0	—	1	—	100.0	—
1929	1	1	50.0	—	4	1	80.0	—	1	—	100.0	—
Totals	22	16	—	—	10	26	—	—	4	—	—	—

Year of Dis-charge.	MEN (T.B. POSITIVE), MORE ADVANCED.				WOMEN (T.B. POSITIVE), MORE ADVANCED.				CHILDREN (T.B. POSITIVE), MORE ADVANCED.			
	Survivors, July, 1930.	Died since Discharge.			Survivors, July, 1930.	Died since Discharge.			Survivors, July, 1930.	Died since Discharge.		
		From T.B.	%	From other causes.		From T.B.	%	From other causes.		From T.B.	%	From other causes.
1923	5	30	13.9	83.3	1	45	6.0	90.0	—	2	100.0	—
1924	12	62	16.3	83.7	—	58	7.9	92.1	—	7	100.0	—
1925	27	89	23.3	76.7	—	75	11.6	87.2	1	1	50.0	—
1926	13	46	22.1	77.9	2	30	6.3	93.7	1	1	50.0	—
1927	36	84	30.0	70.0	12	48	19.6	78.7	2	5	71.4	—
1928	33	50	39.7	60.2	16	79	16.9	83.1	1	—	100.0	—
1929	44	41	52.0	48.0	33	29	53.2	45.8	2	3	60.0	—
Totals	170	402	—	—	81	364	—	—	7	19	—	—

NON-PULMONARY TUBERCULOSIS.

Viewing the cases according to their classification and date of discharge (whether with one term or more of institutional treatment) the following after-histories were obtained on 1st July, 1930:—

Year of Discharge.	MEN.					WOMEN.					CHILDREN.				
	Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.			Survivors, July, 1930.	%	Died since Discharge.		
			From T.B.	%	From other causes.			From T.B.	%	From other causes.			From T.B.	%	From other causes.
1923	1	33.3	2	66.7	—	3	75.0	1	25.0	—	27	100.0	—	—	—
1924	1	25.0	3	75.0	—	3	75.0	1	25.0	—	35	97.2	—	1	2.8
1925	4	100.0	—	—	—	7	87.5	1	12.5	—	80	92.3	4	1	1.5
1926	5	62.5	3	37.5	—	7	77.7	2	22.3	—	92	94.8	5	5.2	—
1927	8	66.7	4	33.3	—	11	100.0	—	—	—	63	94.0	4	6.0	—
1928	11	78.6	3	21.4	—	16	100.0	—	—	—	111	96.5	4	3.5	—
1929	18	85.7	3	14.3	—	14	100.0	—	—	—	117	97.5	3	2.5	—
Totals	48		18		—	61		5		—	505		20		2

REORGANISATION OF TUBERCULOSIS SCHEME.

It has never been suggested that the provision of sanatoria would effect the eradication of tuberculosis, but that it occupies a very important place in the treatment of the disease there is no gainsaying. The foregoing report does illustrate very effectively, however, the limitations to the utility of sanatorium treatment, but more important still it does clearly indicate the weak points in the anti-tuberculosis scheme of the County, and demonstrates the action necessary to be taken to obtain the maximum of benefit to the patient from institutional treatment.

Referring to the report, it will be observed that 1,143 infective (i.e., sputum-positive) cases of tuberculosis did not gain admission to institutions until they had reached an advanced stage, so that the prospect of real improvement (much less that of permanent cure) was thereby exceedingly remote. Two issues emerge from this statement. In the first place, why were the third stage cases not recognised earlier and at a time when they would have had a reasonable chance of recovery? Secondly, why are third stage cases (advanced) admitted to sanatoria?

Examining the first of these questions: reference to the preceding data and recent annual reports of the County Medical Officer, shows (1) what a small proportion of "contacts" in families of infectious cases are examined each year; (2) the small proportion of sputum examinations to the total notified cases over any period; (3) the low number (in proportion) of visits to homes by the District Tuberculosis Officers.

It can be definitely asserted that if the tuberculosis problem is to be tackled at the root, then a much greater amount of attention must be paid to the environment of the individual. Where in fact there is a known focus of infection—in a house, or in a small community—it is only by constant and careful supervision of the contacts that real preventive work will be obtained and so enable a case to be diagnosed and receive sanatorium treatment early.

A careful enquiry has been made to ascertain the reason why these environmental and other functions are not being prosecuted to their fullest extent in the County, and the main conclusion arrived at is that the present staff is inadequate numerically to cope efficiently with the amount of work, and the direct results of this inadequacy are reflected in hasty diagnosis, injudicious admission of patients to sanatorium, inability to visit homes frequently enough, and consequent omission of the essential duty of examination and supervision of contacts.

In regard to the second question, "Why are third stage cases admitted to sanatoria?" much that has been said on the first point applies equally well in this case.

Your Committee are aware that the total accommodation for pulmonary tuberculosis for the West Riding amounts to 804 beds. Of these, 345 are hired from other local authorities and are therefore, as a rule, too far away for utilisation for the seriously ill and advanced case. The total available "hospital" beds in the County number 102 only (48 for men, 13 for women and 11 for children). When it is considered that there are approximately 16,000 cases of this disease on the registers it will be obvious how grossly inadequate is the accommodation for the advanced case. In the past, the only alternative has been to admit these third stage patients to one of our own sanatoria, it being frequently necessary owing to the urgency of this type of case to give it priority for admission, to the disadvantage of the "earlier" and more hopeful type.

In 1928 a report was made by a Medical Officer of the Ministry of Health upon a comparison between the tuberculosis schemes of Lancashire and the West Riding of Yorkshire. For the information of your Committee a few extracts from that report are set out overleaf:—

1. "The diagnosis of tuberculosis, especially of pulmonary tuberculosis, appears to be more readily made in the West Riding than in Lancashire."
2. "Of the cases definitely diagnosed as tuberculous (both pulmonary and non-pulmonary) the proportion of children is far greater in the West Riding than in Lancashire."
3. "A definite diagnosis of tuberculosis is more rapidly arrived at by the West Riding Tuberculosis Officers than by the Lancashire Tuberculosis Officers."
4. "A negative diagnosis, i.e., that a person is non-tuberculous is more rapidly arrived at by the Lancashire Tuberculosis Officers than by the West Riding Tuberculosis Officers."
5. "The combined effect of the conditions in Lancashire would appear to result in diagnosis being more precise and systematic."
6. "The Lancashire Tuberculosis Officers examine a larger proportion of new cases than the West Riding Tuberculosis Officers. They also hold more consultations and pay more home visits."
7. "The homes of patients are kept under closer supervision in Lancashire than in the West Riding."
8. "In spite of the fact that the death rate from non-pulmonary tuberculosis is considerably higher in the West Riding than in Lancashire they provide relatively far less residential treatment for non-pulmonary cases than in Lancashire."
9. "The Lancashire Scheme makes more provision for the segregation and treatment of advanced pulmonary cases."

It will be noted that the observations of this independent observer substantially support the conclusions immediately preceding of your own officers. Paragraphs 1 and 3 definitely suggest hasty diagnosis in the West Riding. Paragraphs 4 and 5 imply greater competence to diagnose in Lancashire. It is suggested, however, that this increased competence is due to the increased facilities, greater number of officers, and more co-ordinated scheme which Lancashire have at their disposal.

Consideration of these few remarks may be considered to justify a certain amount of alteration of the existing administration of the Tuberculosis Scheme, and the following gives a short résumé of the present position, together with recommendations for reorganisation.

Early in 1911 the authority to undertake the treatment and control of tuberculosis was vested in local authorities. Subsequent to this, eleven dispensary areas were established in the West Riding, each supervised by a full-time Tuberculosis Officer.

Since then conditions have changed, and factors have arisen which warrant a re-consideration of the present system. New industries have sprung up, whilst others have extended. New County Boroughs have been created, and older ones have enlarged their boundaries. Perhaps the most striking and important change of all, however, as far as the disposition of the dispensaries is concerned, is the rapid progress of motor and other transport. It may be said that there are now comparatively few urban and rural districts within the administrative area which are not provided for. For this, and other reasons, when contemplating a change of area, it will be necessary to re-consider the disposition of the chief and branch dispensaries, and to place each in the most convenient and accessible position.

TABLE I.
SHOWING THE PRESENT DISPENSARY AREAS, POPULATION,
SESSIONS, ATTENDANCES, ETC.

Dispensary Area.	No. of Dispen- saries (Main and Branch).	Total Area (Acres).	Population, 1929.	No. of Sessions (4 weeks).	Average Total Attend- ances (4 weeks).	Death Rates per 1,000 from T.B. (all forms and ages).
Barnsley	3	70,879	138,930	21	370	0.86
Batley	4	30,642	150,428	17	170	0.71
Doncaster	3	166,799	134,333	14	230	0.90
Huddersfield	4	84,205	119,402	23	260	0.80
Keighley	3	477,644	143,563	18	170	0.71
Mexborough	2	12,370	88,860	14	250	0.97
Otley	4	357,026	222,502	19	160	0.77
Pontefract	3	171,163	151,319	17	130	1.05
Rotherham	4	112,796	128,032	18	320	0.68
Sowerby Bridge	3	79,293	123,732	18	250	0.67
Wakefield	4	56,447	108,314	22	260	0.97

In the majority of the dispensary areas the work has greatly increased during recent years (e.g., in many of the mining areas), and under the existing arrangement is unevenly distributed. Due regard must be paid, however, to the topographical and industrial differences of one area compared with another: thus Keighley and Otley are wide and rural, with scattered population, and approximately two-thirds of the District Tuberculosis Officer's time is spent in travelling to his patients. On the other hand, in the case of the Barnsley, Wakefield and Huddersfield Areas, the proportion of time taken up in travelling is probably no greater than one-third. In regard to the Batley and Mexborough Dispensary Areas, the officers in charge have additional duties to perform. Dr. Ryan acts as Assistant Medical Officer at Cardigan Sanatorium, and Dr. Lee as Medical Superintendent at Crookhill Hall Hospital on two days per week. Dr. Crowley (Otley Area) supervises the ultra-violet ray treatment of his own patients at the Royal Baths, Harrogate.

The Local Government Act, 1929; the new X-ray scheme; accumulating regulations relating to clothing, dental treatment, ultra-violet ray treatment, orthopædies, etc., will further increase the work and add to the responsibilities of the Tuberculosis Officer.

Whether the dispensary is popular, and is made full use of, depends to a greater or less degree upon:—

- (a) Keeness and ability of the officer in charge.
 - (b) The manner in which practitioners co-operate.
 - (c) Social conditions appertaining within the dispensary area, poverty, privation and overcrowding having a marked influence on child life.
- It is usually found that large attendances are the rule where these latter conditions are in evidence.

It would appear desirable therefore at this juncture to consider the present arrangement, and if need be, to reduce the number of dispensary areas and to appoint to each a Consultant Tuberculosis Officer. Having regard to the increase in dispensary work generally, new laws, regulations, etc., it has been found that as at present constituted the dispensary areas are too numerous, and a few are too great a distance from Wakefield for the close co-operation between Tuberculosis Officers and the Central Administration which is essential. It has been suggested that by linking up a number of the dispensary areas and reducing the number as a whole from eleven to five would simplify administration, centralise the dispensary staff and ensure a closer co-operation. Placing in charge of each area an officer highly skilled in the knowledge and treatment of tuberculosis and giving to each a higher status than hitherto would be likely to effect greater confidence on the part of the practitioners and promote more satisfactory results all round.

In contemplating a revision of dispensary areas, certain factors have to be taken into consideration, summed up as follows:—

(1) **TOPOGRAPHICAL AND INDUSTRIAL DIFFERENCES.**—A line extending from the Lancashire border at Burnley to Selby and drawn through the extreme southern limits of Leeds roughly divides the administrative area into its two chief components—rural and industrial Yorkshire. Above this line are the rural and agricultural areas; below it, textile, coal, etc. Most of the coal-mining industry is confined to central, eastern and southern Yorkshire, i.e., Wakefield, Barnsley, Rotherham, Dinnington, Pontefract and Doncaster; whilst the textile industries are to be found almost entirely in West Yorkshire, i.e., Batley, Sowerby and Huddersfield areas.

Again, there are certain coal-mining districts where new seams of coal have been discovered, and where new villages have sprung into existence in a comparatively short time, resulting in a considerable increase in the numbers attending the dispensaries. This is especially applicable to Doncaster, Barnsley and Rotherham. It is at such centres that a meticulous selection must be made to keep the number of cases attending within reasonable limits.

(2) **DIFFERENCES IN POPULATION.**—The masses of people are to be found in and around the textile and coal-mining areas, whereas in the extensive rural districts of Settle, Skipton, Wharfedale and Harrogate, the population is sparse and scattered. Thus, for example, as at present constituted, the combined dispensary areas of Rotherham, Mexborough, Wadsley, Stocksbridge and Dinnington, comprising some 125,166 acres with a population of 216,892, compares strikingly with the combined Keighley and Otley areas with a population of 366,065, although the latter is almost seven times as large, with a total area of 834,670 acres.

(3) **PROXIMITY OF LARGE COUNTY BOROUGHs**, such as Leeds, Bradford, Sheffield and Halifax, has also an important influence on the work of the dispensaries adjacent to these centres. Thus, transport tends to gravitate towards large towns; and facilities exist for the specialised hospital treatment of cases, i.e., dispensary patients admitted as in-patients or attending as out-patients for ultra-violet ray treatment, orthopedic treatment, or X-ray examination, dental treatment, etc.

CROOKHILL HALL.—ADDITIONAL ACCOMMODATION.

(At a Meeting of the House Visitors Committee, held at Crookhill Hall on Tuesday, 21st October, 1930, it was resolved that, before any further expenditure be incurred on structural alterations, the whole question of accommodation for Pulmonary cases be considered, and that, in the event of further accommodation for males being necessary, the Home be extended to at least 100 beds.)

INSTITUTIONAL ACCOMMODATION AVAILABLE (AVERAGE).
WEST RIDING CASES.

	PULMONARY CASES.			NON-PULMONARY CASES.			Total.
	Men.	Women.	Children.	Men.	Women.	Children.	
1928	375	210	224	13	4	115	941
1929	386	199	207	12	12	127	943
31st Oct., 1930	392	200	212	12	8	126	950

There has been no appreciable change in the sanatorium accommodation for adults suffering from pulmonary tuberculosis since 1928, apart from an additional 17 beds for males. Our accommodation within the Riding is fixed, and we have attained the maximum number from outside authorities.

INSTITUTIONAL WAITING LIST (AVERAGE), WEST RIDING CASES.

	PULMONARY CASES.			NON-PULMONARY CASES.			Total.
	Men.	Women.	Children.	Men.	Women.	Children.	
1928	179	110	120	10	3	30	452
1929	162	105	83	14	6	24	394
31st Oct., 1930	161	96	68	11	10	31	377

The waiting list has remained more or less stationary during the period 1st January, 1928, to 31st October, 1930. There has been a tendency lately for general hospitals to refer more surgical tuberculosis cases to the County Authority for treatment than hitherto. Accordingly, since 1927, we have had to increase our accommodation for this class of case by 33 beds. In dealing with pulmonary cases it has been the practice in the past to admit to sanatoria, as far as possible, cases in the earliest stages of the disease. As stated above, owing to the pressing need of the advanced cases, our sanatoria have had to accept a large proportion of the latter. Crookhill Hall can only accommodate 42 patients, and Middleton Sanatorium and the Mitchell Memorial Home have had to be constantly making way to receive such cases, for which they are not really adapted. To date there are at Middleton 17 Class III cases, and at the Mitchell Memorial Home 1. As the Mitchell Memorial Home will shortly be given over to orthopaedic work, equivalent accommodation for 30 beds will require to be found. Further, the Poor Law Hospitals within the Riding are not adapted to receive cases of advanced phthisis, and it is much more satisfactory for all cases of tuberculosis to come under the County's Tuberculosis Scheme to be dealt with in institutions specially adapted for the purpose. It would appear, therefore, that the erection of a pavilion at Crookhill Hall would considerably ease the difficulty.

This institution is situated in the South Yorkshire area, whence a large number of advanced cases are admitted. It is within convenient distance of patients' homes and their relatives. The surroundings are beautiful, and there is sufficient park-land available for the lay-out of two pavilions, each to accommodate 50 patients. The Hall itself can be used as an administrative block, to include Resident Medical Officer, the Matron and full complement of nurses and domestics. From past experience it has been found that no quarters are available for the Medical Officer nearer than Doncaster, but it is essential that he should live as near to the Home as possible. The best arrangement of all would be for him to live within the estate.

There is now a public water supply to the Home, and recently electric power was laid on from the Doncaster Colliery Company at Edlington. In each case there is ample supply for further extension.

HOUSING AND TUBERCULOSIS.

So far, no concerted action has been taken by the County Council or by local authorities to obtain adequate housing of tuberculous persons. This is a matter of vital importance, both to the patient himself and to the community at large. Too often the patient, after undergoing an expensive course of sanatorium treatment, has to return to the hovel which he calls his home, and not only is the public expense of his institutional treatment frittered rapidly away by his sudden relapse, but he becomes a constant menace to the health of other members of his family when conditions of overcrowding prevail.

Recommendation.

A scheme on the part of Local Authorities, giving preference in housing accommodation to infectious consumptives, and on the part of the County Council to subsidise such patients to assist them to pay rent and maintain their nutrition, would be a valuable anti-tuberculosis measure.

The County Medical Officer and Chief Tuberculosis Officer have carefully considered the means whereby the Tuberculosis Scheme in the Riding can be made to function efficiently, and the following recommendations are submitted for consideration by your Committee.

Recommendations.

(A) To sub-divide the Administrative Area into five Dispensary Areas, and to re-allocate the chief and branch dispensaries according to enclosed Schedule (marked Appendix B).

(B) To appoint a Consultant Officer to each area.

(C) To arrange for facilities for X-ray and ultra-violet ray at each Chief Dispensary, and to equip each with microscopes.

(D) To appoint five Grade A Typists—one for each area.

For the past few years there has been a tendency for dispensary clerical work to increase, and some change is necessary to lessen the Tuberculosis Officer's and Nurse's responsibility in this respect, and to give them more time for clinical work. The appointment of a clerical assistant for each area would secure this.

(E) To set up new Dispensary premises in Settle, Ripon, and the Western end of Bowland Rural District; to secure better premises than those existing at Skipton, Selby, Penistone, Morley, Shipley, Dinnington and Mexborough; and to discontinue the existing dispensaries at Marsden and Holmfirth.

(F) That the Hospital accommodation for advanced cases of pulmonary tuberculosis be further increased by extending the accommodation at Crook-hill Hall so as to receive a minimum of 100 beds.

It will be observed that two of the five proposed Consultants will be in the persons of Dr. Campbell, Medical Superintendent at Middleton, and the future Medical Superintendent at Scotton Banks. Until such time as the new Scotton Banks Sanatorium is in occupation it is proposed to place the three remaining Consultants in charge of four areas, and it is considered advisable to put one of these three newly appointed (or promoted) medical men in charge of the Crook-hill Hall Hospital, the superintendence of which he would continue to retain were the additional accommodation (100 beds) granted at a subsequent date. It would be necessary, however, to appoint an additional Assistant Tuberculosis Officer, who would also be Resident Medical Officer: he would act under the direction of the Superintendent-Consultant, and thus discontinue the emergency services of the practitioner at present engaged. The proposals would also involve the immediate transfer of Dr. Lee (temporary District Tuberculosis Officer) from his present area, where he is in charge of the hospital, to a district further north.

It should be noted that Dr. Campbell has signified his willingness to the suggested re-organisation as it affects him.

December, 1930.

APPENDIX B.

PROPOSED REORGANISATION OF DISPENSARY AREAS.

AREA No. 1.

DISPENSARIES. Chief Dispensary: Skipton.
 Branch Dispensaries: Barnoldswick, Otley, Settle.
 INSTITUTION. Middleton-in-Wharfedale Sanatorium (300 beds).
 STAFF. Consultant: Dr. T. Campbell, Middleton Sanatorium.
 One Assistant Tuberculosis Officer.

DISTRICTS SERVED BY THE ABOVE DISPENSARIES.

Dispensary.	Sanitary Districts.	Area. (Acres.)	Population, 1929.	Cases on Dispensary Register, Dec., 1929.
Skipton Barnoldswick	Skipton U., Silsden U., Skipton R.	152,978	36,162	164
	Barnoldswick U., Earby U., Bowland R.	89,681	23,890	166
Otley	Otley U., Ilkley U., Burley U., Guiselley U., Wharfedale R., Yeadon U., Rawdon U., Horsforth U.	62,035	62,748	196
Settle	Sedbergh R., Settle R.	204,681	18,995	
Totals		509,375	141,795	526

AREA No. 2.

DISPENSARIES. Chief Dispensary: Harrogate.
 Branch Dispensaries: Ripon, Tadcaster, Selby.
 INSTITUTION. Scotton Banks Sanatorium (300 beds).
 STAFF. Consultant: Medical Superintendent, Scotton Banks Sanatorium.
 One Assistant Tuberculosis Officer.

DISTRICTS SERVED BY THE ABOVE DISPENSARIES.

Dispensary.	Sanitary Districts.	Area. (Acres.)	Population, 1929.	Cases on Dispensary Register, Dec., 1929.
Harrogate	Harrogate B., Knaresborough U., Knaresborough R., Pateley Bridge R., Wetherby R., Great Ouseburn R.	226,926	89,112	265
Ripon	Ripon C., Ripon R.	51,602	13,412	—
Tadcaster	Garforth U., Tadcaster R., Bishop- thorpe R.	78,804	37,296	73
Selby	Selby U., Selby R.	38,256	15,832	130
Totals		395,588	155,652	468

AREA No. 3.

DISPENSARIES. Chief Dispensary: Doncaster.
 Branch Dispensaries: Pontefract, Goole, Thorne, Rothwell.
 Hemsworth, South Kirkby, Mexborough and Goldthorpe.

INSTITUTION. Crookhill Hall Hospital.

STAFF. Consultant: To be appointed.
 Two Assistant Tuberculosis Officers.

DISTRICTS SERVED BY THE ABOVE DISPENSARIES.

Dispensary.	Sanitary Districts.	Area. (Acres.)	Population, 1929.	Cases on Dispensary Register, Dec., 1929.
Pontefract	Pontefract B., Methley U., Featherstone U., Whitwood U., Castleford U., Knottingley U., Pontefract R.	54,103	98,191	1,213
Doncaster	Adwick-le-Street U., Bentley U., Tickhill U., Doncaster R. (less Denaby and Adwick)	90,337	81,519	888
Goole	Goole U., Goole R.	38,043	28,134	356
Thorne	Thorne R.	38,419	24,680	350
Hemsworth	Hemsworth U., Hemsworth R. (part)	23,783	25,540	675
South Kirkby	Hemsworth R. (part)	10,967	33,820	559
Mexborough	Mexborough U., Conisboro' U., Swinton U., Wath U. (Denaby and Adwick Parishes)	8,791	63,590	1,208
Goldthorpe	Bolton-on-Deerne U., Thurnscoe U.	3,579	25,270	603
Rothwell	Rothwell U., Hunslet R.	7,202	20,013	158
Totals		275,224	400,757	6,010

AREA No. 4.

DISPENSARIES. Chief Dispensary: Barnsley.
 Branch Dispensaries: Wakefield, Rotherham, Batley, Morley,
 Normanton, Penistone, Stocksbridge, Wadsley Bridge,
 Dinnington.

INSTITUTION. Cardigan Sanatorium (50 beds).

STAFF. Consultant: To be appointed.
 Three Assistant Tuberculosis Officers.

DISTRICTS SERVED BY THE ABOVE DISPENSARIES.

Dispensary.	Sanitary Districts.	Area. (Acres.)	Population, 1929.	Cases on Dispensary Register, Dec., 1929.
Barnsley	Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Womb- well U., Worsborough U., Barnsley R.	30,366	92,067	1,619
Wakefield	Horbury U., Stanley U., Wakefield R.	22,396	41,045	791
Rotherham	Greasborough U., Maltby U., Rawmarsh U., Rotherham R.	39,369	70,934	1,146
Batley	Batley B., Hunsworth U., Ossett B., Birstall U., Birkenshaw U.	10,099	60,982	548
Penistone	Penistone U., Gunthwaite U., Hoylandswaine U., Thurlstone U., Penistone R.	29,546	13,043	128
Normanton	Altofts U., Normanton U.	3,066	21,716	385
Dinnington	Kiveton Park R.	20,070	17,730	329
Stocksbridge	Stocksbridge U.	3,994	9,638	208
Wadsley Bridge	Wortley R.	49,363	29,730	233
Morley	Morley B., Gildersome U., Ardsley E. and W. U., Drighlington U.	9,529	39,751	315
Totals		154,912	396,636	5,702

AREA No. 5.

DISPENSARIES. Chief Dispensary: Sowerby Bridge.
 Branch Dispensaries: Keighley, Shipley, Huddersfield, Todmorden, Brighouse, Marsden, Uppermill, Holmfirth, Pudsey, Liversedge.

INSTITUTION. Eldwick Sanatorium.

STAFF. Consultant: To be appointed.
 Two Assistant Tuberculosis Officers.

DISTRICTS SERVED BY THE ABOVE DISPENSARIES.

Dispensary.	Sanitary Districts.	Area. (Acres.)	Population, 1929.	Cases on Dispensary Register, Dec., 1929.
Sowerby Bridge	Sowerby U., Barkisland U., Greetland U., Luddendenfoot U., Midgley U., Rishworth U., Scammonden U., Soyland U., Stainland U., Halifax R., Queensbury U.	31,993	45,470	178
Keighley	Keighley B., Keighley R., Haworth U., Oakworth U., Oxenhope U., Denholme U.	30,304	64,316	330
Shipley	Shipley U., Baildon U., Bingley U.	16,463	57,230	163
Huddersfield	Emley U., Flockton U., Golcar U., Linthwaite U., Thurstonland and Farnley Tyas U., South Crosland U., Lepton U., Whitley Upper U., Kirkburton U., Kirkheaton U., Skelmanthorpe U., Mirfield U., Shelley U., Shepley U., Clayton West U., Denby and Cumberworth U.	32,977	65,570	283
Todmorden	Todmorden B., Mytholmroyd U., Hebden Bridge U., Todmorden R.	40,355	37,527	116
Brighouse	Brighouse B., Hipperholme U., Elland U., Shelf U., Southowram U.	8,437	40,735	123
Marsden	Marsden U., Meltham U., Slaithwaite U.	16,939	16,262	134
Uppermill	Saddleworth U., Springhead U.	18,484	17,711	224
Holmfirth	Holme U., Holmfirth U., Honley U., New Mill U.	20,106	19,859	64
Pudsey	Calverley U., Farsley U., Pudsey B.	5,326	24,645	194
Liversedge	Spenbro' U., Heckmondwike U.	5,688	39,610	257
	Totals	227,073	428,935	2,066

APPENDIX C.

PROPOSED RE-ORGANISATION OF DISPENSARY AREAS.

LIST OF CENTRAL AND BRANCH DISPENSARIES WITH PROPOSED DAYS OF ATTENDANCE BY ASSISTANT TUBERCULOSIS OFFICERS.

Area No. 1.

<i>Chief Dispensary</i>	Skipton	One day a week.
Branch „	Barnoldswick	One day a fortnight.
„ „	Settle	One day a month.
„ „	Bowland	One day a month.
„ „	Otley	One day a week.

Area No. 2.

<i>Chief Dispensary</i>	Harrogate	Two days a week.
Branch „	Ripon	One day a month.
„ „	Tadcaster	One day a month.
„ „	Selby	One day a month.

Area No. 3.

<i>Chief Dispensary</i>	Doncaster	Two days a week.
Branch „	Pontefract	Two days a week.
„ „	Goole	One day a week.
„ „	Thorne	One day a week.
„ „	Rothwell	One half-day a week.
„ „	Hemsworth	One day a week.
„ „	South Kirkby	One day a week.
„ „	Mexborough	Two days a week.
„ „	Goldthorpe	One day a week.

Area No. 4.

<i>Chief Dispensary</i>	Barnsley	Two days a week.
Branch „	Wakefield	One day a week.
„ „	Rotherham	One day a week.
„ „	Batley	One day a week.
„ „	Morley	One day a week.
„ „	Penistone	One day a month.
„ „	Stocksbridge	One day a week.
„ „	Wadsley Bridge	One day a month.
„ „	Dinnington	One day a week.
„ „	Normanton	One half-day a week.

Area No. 5.

<i>Chief Dispensary</i>	Sowerby Bridge	Two days a week.
Branch „	Keighley	Two days a week.
„ „	Huddersfield	Two days a week.
„ „	Shipley	One day a week.
„ „	Todmorden	One day a week.
„ „	Brighouse	One day a fortnight.
„ „	Uppermill	One day a fortnight.
„ „	Pudsey	One day a week.
„ „	Liversedge	One day a week.

WEST RIDING TUBERCULOSIS DISPENSARIES

PROPOSED RE-ORGANIZATION

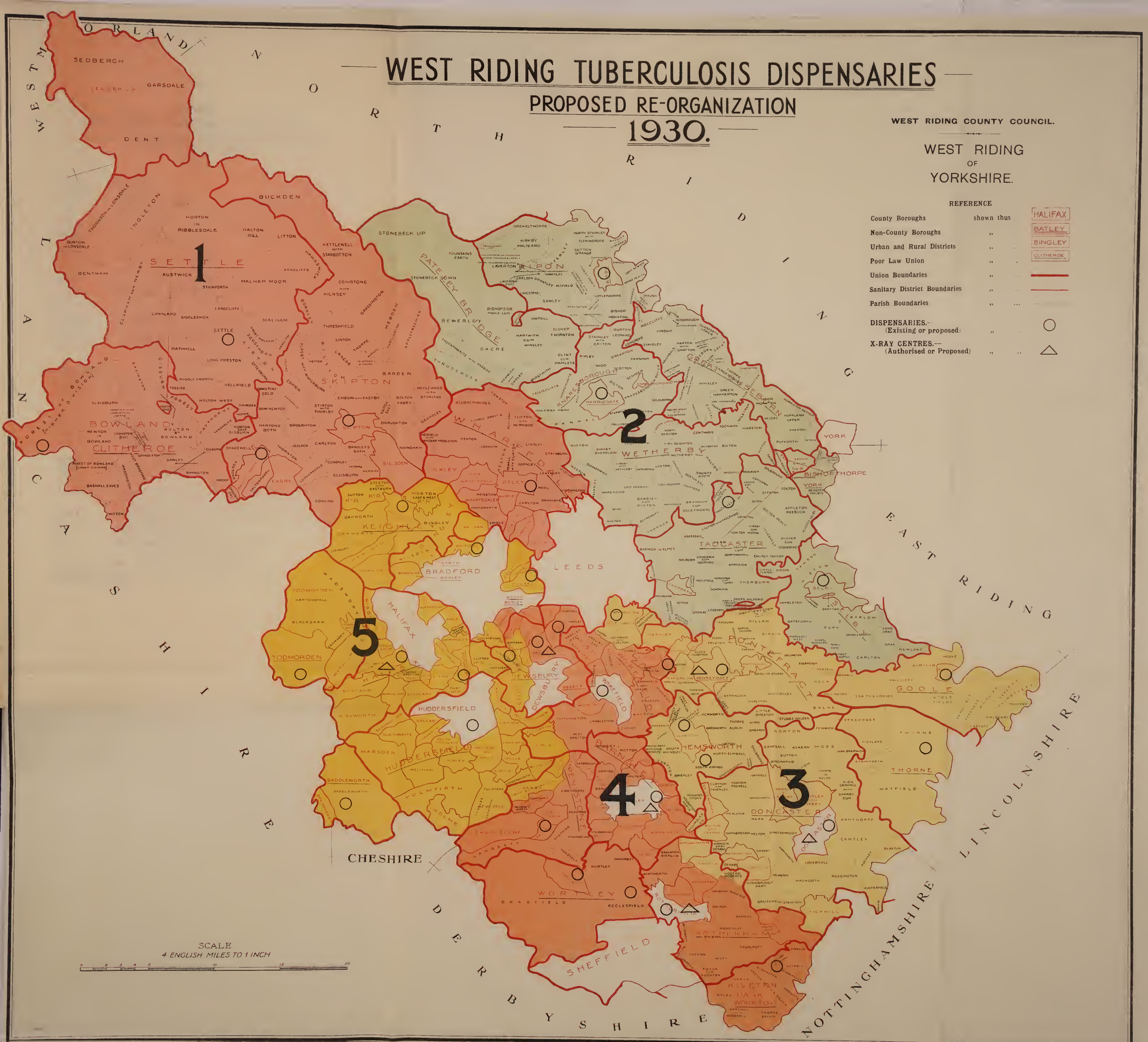
1930.

WEST RIDING COUNTY COUNCIL.

WEST RIDING
OF
YORKSHIRE.

REFERENCE

County Boroughs	shown thus	HALIFAX
Non-County Boroughs	"	BATLEY
Urban and Rural Districts	"	BINGLEY
Poor Law Union	"	CLITHEROE
Union Boundaries	"	
Sanitary District Boundaries	"	
Parish Boundaries	"	
DISPENSARIES.— (Existing or proposed)	"	○
X-RAY CENTRES.— (Authorised or Proposed)	"	△





WEST RIDING TUBERCULOSIS
PROPOSAL FOR ORGANIZATION
1930

APPENDIX.

PUBLIC HEALTH LEGISLATION, ETC., DURING 1930.

I.—ORDERS, CIRCULARS AND MEMORANDA ISSUED BY THE
MINISTRY OF HEALTH.

GENERAL.

Circular No.	
1081	} Psittacosis.
Memo.	
151/Med.	
1072 & Order—	Qualifications of Medical Officers and Health Visitors Regulations, 1930.
1067	Transfer of Functions relating to Public Vaccination.
L.G.A. 33—	
1068 & Order—	Vaccination Order, 1930.
1095 & Order—	Public Assistance Order, 1930.
1108 & Regns.—	Parrots (Prevention of Import) Regulations, 1930.
1119—	Contents and Arrangements of Annual Reports for 1930 of Medical Officers of Health.
1136—	Cancer.
Memo.	Annual Statistical Review of Registrar-General, purchase and utilisation of.
154/R.G.—	
1145 & Memo.	} Provision of Hospital Accommodation for Infectious Disease— Survey and Scheme under Section 63 of Local Government Act, 1929.
L.G.A. 40	

TREATMENT OF TUBERCULOSIS.

1065, 1065A	} Treatment of Ex-Servicemen.
Memo. 146/T	
Memo.	
146(a)T	
—	Scheme made by Minister of Health under Section 102(3) of the Local Government Act, 1929.
1107 & Regns.—	Public Health (Tuberculosis) Regulations, 1930.
1129	Returns under Local Government Act, 1929.

HOUSING AND TOWN PLANNING.

1138 & Memo.	} Housing Act, 1930.
1139	
1153	
Regns.—	Regulations made under Housing Act, 1930 (Section 57).

MATERNITY AND CHILD WELFARE.

1072 & Order—	Qualifications of Medical Officers and Health Visitors Regulations, 1930.
1117	Salaries of Health Visitors, etc.
1129	Returns under Local Government, Act, 1929.

II.—ACTS OF PARLIAMENT.

Poor Law Act, 1930.
Workmen's Compensation (Silicosis and Asbestosis) Act, 1930.
Housing Act, 1930.

No. I. Births, Deaths, Annual Rates, etc., 1930.

SANITARY DISTRICT.	AREA (Acres).	ESTIMATED POPULATION (Middle 1930).	BIRTHS (Net).	NET DEATHS at ALL AGES.	Deaths under one year.	Annual Rates per thousand of Estimated Population.					Rate of Infant Mortality (Deaths under 1 year per 1,000 Births).		
						Birth Rate.	Net Death Rate.	Zymotic Death Rate.	Phtisis Death Rate.	Other Infectious Death Rate.	Zymotic Death Rate.	Phtisis Death Rate.	Other Infectious Death Rate.
I. URBAN.													
Adwick-le-Street ...	3605	19950	496	173	30	24.9	8.7	0.50	0.45	0.35	1.20	60	
Allofs ...	18.18	5100	89	53	1	17.4	10.4	0.39	0.20	0.20	1.96	11	
Ardley, East and West ...	4017	9297	151	94	8	16.2	10.1	0.11	0.22	0.54	1.72	53	
Baildon ...	2606	7666	90	101	4	11.7	13.2	0.26	0.26	0.13	1.04	44	
Barkisland ...	2924	1575	19	22	3	12.1	14.0	0.63	—	—	0.63	158	
Barnoldswick ...	2764	12320	128	139	4	10.4	11.3	—	0.65	0.16	0.81	31	
Batley M.B. ...	3227	34770	499	433	30	14.4	12.5	0.17	0.37	0.06	1.44	60	
Benley-with-Arkesey ...	5128	16500	313	131	27	19.0	7.9	0.06	0.55	0.12	0.97	86	
Bingley ...	11675	20580	273	231	17	13.3	11.2	0.15	0.58	—	1.36	62	
Birkenshaw ...	924	2866	47	39	3	16.4	13.6	—	—	—	0.35	64	
Birstal ...	1234	7264	106	81	10	14.6	11.2	—	0.14	—	2.62	94	
Bolton-upon-Dearne ...	2325	14700	276	143	29	18.8	9.7	0.61	1.02	0.41	1.29	105	
Brighouse M.B. ...	2231	19820	227	266	16	11.5	13.4	0.35	0.50	0.15	1.66	70	
*Burley-in-Wharfedale ...	3136	4089	55	40	2	14.2	10.4	0.55	0.27	0.78	0.78	36	
Calverley ...	2106	3651	50	39	3	13.7	10.7	0.27	0.84	0.22	1.47	40	
Castleford ...	564	22520	420	269	17	18.7	11.9	0.27	0.84	0.22	1.47	40	
Clayton ...	11462	14400	121	27	13	15.0	19.3	0.71	—	—	1.43	143	
Clayton West ...	1932	1932	22	19	2	11.4	9.9	—	1.04	—	1.43	91	
Conisbrough ...	1593	18350	472	180	41	25.7	9.8	0.71	0.93	0.22	2.13	87	
Cudworth ...	1746	9497	217	85	15	22.8	9.0	0.42	0.74	0.32	0.95	69	
Darfield ...	2018	5380	101	56	6	18.8	10.4	0.37	0.93	0.56	0.74	59	
Darlington ...	4361	12500	289	117	12	23.1	9.4	0.48	0.48	0.16	1.28	42	
Denby and Cumberworth ...	4302	3490	37	34	2	10.6	9.7	0.29	—	0.29	1.44	54	
Denholme ...	2536	2772	29	49	2	10.5	17.7	0.72	0.24	0.24	1.18	45	
Dodworth ...	1917	4247	111	35	5	26.1	8.2	—	0.49	—	1.46	63	
Drighlington ...	1135	4102	79	55	5	19.3	13.4	—	1.04	0.35	0.87	55	
Early ...	3519	5753	73	68	4	12.7	11.8	0.47	0.38	0.28	1.04	109	
Elland ...	1994	10530	119	134	13	11.3	12.7	0.32	1.75	0.16	0.58	50	
Emley ...	3556	1712	20	14	1	11.7	8.2	—	0.26	0.53	2.90	70	
Farsley ...	821	15200	314	179	22	20.7	11.8	0.39	0.26	—	—	130	
Featherstone ...	4431	15200	314	179	22	20.7	11.8	0.39	0.26	—	—	130	
Flockton ...	1108	1451	23	10	3	15.9	6.9	—	1.03	0.33	1.03	77	
Garforth ...	1519	3897	52	46	4	13.3	11.8	0.51	0.33	0.33	1.67	85	
Gildersome ...	992	2596	47	39	4	15.7	13.0	—	1.39	0.10	0.60	83	
Golear ...	1593	10070	109	141	9	10.8	14.0	0.30	1.00	0.30	1.00	51	
Goole ...	1267	19560	428	233	22	21.4	11.7	0.05	1.00	0.30	1.00	51	
Greasbrough ...	2413	3631	60	37	4	16.5	10.2	0.28	0.28	0.28	2.20	67	
Greentland ...	626	4305	43	66	1	10.0	15.3	0.46	0.93	0.33	1.39	23	
Gusley ...	1555	5601	75	60	3	13.4	10.7	—	0.89	0.36	0.89	40	
Gunthwaite and Ingthrethworth ...	2057	335	4	4	—	11.9	11.9	—	0.63	0.08	1.57	45	
Harrgate M.B. ...	3277	38150	464	513	21	12.2	13.4	0.18	0.98	0.16	1.31	58	
Haworth ...	2337	6121	69	104	4	11.3	17.0	0.16	0.96	0.16	1.28	45	
Hebden Bridge ...	476	6227	66	101	3	11.1	16.7	0.16	0.89	0.22	1.56	54	
Heckmondwike ...	696	8971	129	115	7	14.4	12.8	—	0.89	0.08	1.20	37	
Hensworth ...	4183	13290	294	119	11	22.1	9.0	0.53	0.45	0.38	1.14	78	
Hipperton ...	1196	5263	64	60	4	12.2	11.4	—	0.38	—	2.54	—	
Holme ...	3454	394	4	4	—	10.2	10.2	—	0.48	0.10	0.29	68	
Holmthorpe ...	8493	10430	118	125	8	11.3	12.0	—	0.44	0.13	1.32	132	
Honley ...	1890	9545	53	65	7	11.7	13.3	—	0.43	0.26	0.64	110	
Horsforth ...	1280	7831	100	90	11	12.8	11.5	0.13	0.61	0.09	2.16	35	
Hoyland Nether ...	2800	11560	170	142	6	14.7	12.3	—	0.61	0.19	1.48	82	
Hoylandswaine ...	2057	15580	292	155	24	18.7	9.9	—	0.64	—	1.21	167	
Hunsworth ...	2026	1284	18	11	3	21.8	13.4	—	—	—	0.75	91	
Ilkley ...	1351	1331	11	20	1	8.3	15.0	0.31	0.62	0.21	1.45	48	
Keighley M.B. ...	4533	9634	596	498	33	12.9	11.7	0.22	0.61	0.12	1.52	63	
Kirkstall ...	3902	40740	526	439	33	13.2	11.2	0.50	0.60	0.60	1.51	68	
Kirkstall ...	1289	2679	44	43	3	15.3	16.0	—	1.12	—	0.75	73	
Knaresborough ...	1674	2679	92	78	9	21.9	11.3	0.58	1.45	0.15	1.74	60	
Knottingley ...	1484	6885	151	78	9	21.9	11.3	0.58	1.45	0.15	1.74	60	
Lepton ...	1862	3238	40	41	4	12.1	12.4	—	0.30	—	0.91	100	
Linthwaite ...	1323	9758	134	148	8	13.7	15.2	0.20	1.13	0.41	1.13	60	
Lundenden Foot ...	765	2901	43	61	1	14.8	21.0	0.34	0.69	0.69	1.38	—	
Malby ...	4792	9928	277	88	27	21.9	8.9	—	0.60	0.10	2.32	63	
Marsden ...	8633	5717	64	69	4	11.2	12.1	—	1.22	0.70	0.35	63	
Metham ...	5134	5202	51	63	2	9.8	12.1	—	1.22	0.58	0.96	39	
Methley ...	3493	4619	70	48	6	15.2	10.4	0.38	1.15	0.58	1.95	86	
Mexborough ...	1292	16080	295	188	20	18.3	10.4	0.44	1.06	0.37	1.24	68	
Migley ...	2183	1873	27	25	1	14.4	9.7	—	1.07	0.53	3.20	37	
Mirfield ...	3394	12330	163	149	3	13.2	12.1	0.08	0.73	0.32	1.22	18	
Morley M.B. ...	3385	23600	338	253	13	14.3	10.7	0.21	0.34	0.21	1.27	38	
Mytholmroyd ...	6608	4414	48	49	4	10.9	11.1	0.45	0.68	0.43	1.08	83	
New Mill ...	6259	4608	51	61	7	11.1	13.2	—	1.52	0.37	1.37	53	
Normanton ...	1228	16080	283	183	15	17.6	11.4	0.37	1.18	0.25	2.21	67	
Oakworth ...	9125	4063	45	52	3	11.1	12.8	0.25	0.74	0.13	1.14	63	
Oasett M.B. ...	3333	14950	221	203	14	14.8	13.6	0.40	0.67	0.18	1.76	90	
Ossett ...	2995	10810	166	137	15	15.4	12.7	0.09	0.46	0.46	1.76	90	
Oxley ...	4254	2318	25	41	2	10.8	17.7	—	0.43	—	1.29	80	
Oxenhope ...	1134	3468	50	37	3	14.4	10.7	—	0.58	—	1.15	60	
Penistone ...	18670	399	399	234	26	21.4	12.8	0.60	0.82	0.38	1.86	65	
Pontefract M.B. ...	2078	14840	251	206	15	16.9	13.9	0.20	0.61	0.07	1.68	60	
Pudsey M.B. ...	1492	5799	79	83	4	13.6	14.3	—	0.34	0.17	1.03	51	
Queensbury ...	1561	4556	53	44	2	11.4	9.7	—	0.66	0.22	1.10	38	
Rawdon ...	2550	18680	357	202	26	19.1	10.8	0.05	0.48	0.11	1.34	73	
Rawmarsh ...	181												

No. II. Causes of Death, 1930.

DEATHS FROM SUBJOINED CAUSES.																														
SANTARY DISTRICT.																														
I. URBAN.																														
II. RURAL.																														
Total of Urban Districts																														
Total of Rural Districts																														
Grand Total for the Administrative County																														
1																														

* The deaths for Clayton U.D. are only for the period to 31st March, 1930, inclusive, district being added to Bradford C.B. as from 1st April, 1930.

Mr. H. Carter of D. Sep. 1890.

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the above named matter. I am sorry to hear that you are not satisfied with the result of the investigation. I have, however, no objection to your making such use of the facts as you may see fit. I am, Sir, very respectfully,
 Yours truly,
 H. Carter

RECEIVED

SEP 15 1890

Mr. H. Carter

D. Sep. 1890

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Mr. H. Carter

D. Sep. 1890

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Mr. H. Carter

D. Sep. 1890

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1. The first part of the paper is devoted to a general survey of the literature on the subject of the influence of the environment on the development of the individual. It is found that the influence of the environment is very great, and that it is not only the physical environment, but also the social and cultural environment, which have a profound influence on the individual.

2. The second part of the paper is devoted to a detailed study of the influence of the physical environment on the development of the individual. It is found that the physical environment, such as the climate, the soil, and the water, has a profound influence on the individual. The climate, for example, has a profound influence on the development of the individual, and it is found that the individual who is born in a warm climate develops differently from the individual who is born in a cold climate. The soil, also, has a profound influence on the individual, and it is found that the individual who is born in a fertile soil develops differently from the individual who is born in a sterile soil. The water, also, has a profound influence on the individual, and it is found that the individual who is born in a wet climate develops differently from the individual who is born in a dry climate.

3. The third part of the paper is devoted to a detailed study of the influence of the social and cultural environment on the development of the individual. It is found that the social and cultural environment has a profound influence on the individual, and that the individual who is born in a different social and cultural environment develops differently from the individual who is born in a different social and cultural environment.

No.	Name	Year of Birth										Total
		1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	
1	John Doe	10	12	15	18	20	22	25	28	30	32	175
2	Jane Smith	8	10	12	15	18	20	22	25	28	30	165
3	Robert Brown	12	15	18	20	22	25	28	30	32	35	185
4	Mary White	5	8	10	12	15	18	20	22	25	28	145
5	William Black	15	18	20	22	25	28	30	32	35	38	205
6	Elizabeth Green	7	10	12	15	18	20	22	25	28	30	160
7	Thomas Grey	11	14	16	18	20	22	25	28	30	32	170
8	Sarah Hall	9	12	15	18	20	22	25	28	30	32	165
9	Charles King	13	16	18	20	22	25	28	30	32	35	180
10	Anna Lee	6	9	12	15	18	20	22	25	28	30	150
11	George Miller	14	17	19	21	23	25	28	30	32	35	190
12	Frances Nelson	8	11	13	15	17	19	21	23	25	28	155
13	Henry Owen	16	19	21	23	25	28	30	32	35	38	200
14	Lucy Parker	7	10	12	15	18	20	22	25	28	30	160
15	Frank Quinn	12	15	17	19	21	23	25	28	30	32	175
16	Grace Reed	9	12	14	16	18	20	22	25	28	30	160
17	Edward Scott	11	14	16	18	20	22	25	28	30	32	170
18	Ida Taylor	6	9	11	13	15	17	19	21	23	25	150
19	James Walker	13	16	18	20	22	25	28	30	32	35	180
20	Julia Young	8	11	13	15	17	19	21	23	25	28	155

TABLE I. — INFLUENCE OF THE ENVIRONMENT ON THE DEVELOPMENT OF THE INDIVIDUAL.

The above table shows the influence of the environment on the development of the individual. It is found that the individual who is born in a different environment develops differently from the individual who is born in a different environment.

TABLE IV.
Record of Visits by the Health Visitors during the year 1930 in districts for which the County Council is the Authority under the Notification of Births Act, 1907.

Sanitary District.	Nett Births.	No. of Births Notified (including Still-Births).	No. of First Visits.	No. of Re-Visits.	No. of Pre-Natal Visits.	No. of Special Visits (Obstetrical, Neonatal, run, etc.).	No. of Still-Births Notified.	No. of Deaths under one year.	Measles Cases Visited.	No. of Attendances at Infant Welfare Centres.			
										Mothers.			Children between one, 1-9 years, 14
										Ante-Natal.	Others.	Infants under one.	
1	2	3	4	5	6	7	8	9	10	11	12	13	
I. URBAN.													
Adwick-le-Street ...	496	470	504	4238	55	239	17	30	4	11	5176	4689	684
Altofts ...	89	80	65	1191	250	—	1	1	—	—	1816	686	1120
Ardsley, East & West ...	151	103	148	1907	51	17	6	8	—	23	3197	2262	1078
Baildon ...	90	73	74	389	3	—	1	4	—	1	647	393	254
Barkisland ...	19	10	25	238	7	10	1	3	—	—	—	—	—
Barnoldswick ...	128	124	117	946	58	146	6	30	8	19	2444	2401	—
Batley Boro* ...	489	280	274	3827	89	84	14	27	3	5	4159	1941	2510
Bentley-with-Arksay ...	313	—	—	—	—	—	—	17	—	—	—	—	—
Bingley* ...	273	38	27	188	—	1	1	3	—	5	422	314	158
Birkenshaw ...	47	91	105	1074	—	2	4	10	—	29	1429	1459	59
Birstal ...	106	—	—	—	—	—	—	29	—	—	—	—	—
Bolton-on-Deane* ...	276	—	—	—	—	—	—	16	—	—	—	—	—
Burley-in-Wharfedale ...	227	41	43	674	5	2	—	2	—	—	—	—	—
Burley-in-Wharfedale ...	55	33	52	1217	22	—	1	3	—	—	—	—	—
Calverley ...	50	33	52	1217	—	—	—	17	—	—	—	—	—
Castleford* ...	420	—	—	—	—	—	—	3	—	—	—	—	—
Clayton* ...	21	25	21	296	10	—	2	2	—	8	229	238	—
Clayton West ...	22	23	22	201	11	—	—	3	—	—	—	—	—
Conisbrough ...	472	468	866	2245	421	—	21	41	8	196	5986	5266	1282
Cudworth ...	217	213	258	1240	24	7	9	15	—	57	3222	2504	564
Darfield ...	101	81	94	2026	139	140	2	6	—	129	1290	736	368
Darton ...	289	284	264	4444	297	75	6	12	2	18	7226	3229	3605
Denby & Cumberworth ...	37	34	19	832	171	32	2	2	—	17	509	512	—
Denholme ...	29	33	26	750	—	11	3	2	178	—	—	—	—
Dodworth ...	111	98	125	1118	64	63	3	5	3	136	2431	1570	1210
Drighlington ...	79	67	47	197	2	1	2	5	14	103	1307	1146	300
Earby ...	73	59	46	727	6	1	3	4	8	9	1444	899	569
Elland ...	119	80	100	2891	64	1	2	13	—	19	1893	1600	402
Emley ...	20	19	425	49	—	—	—	6	—	—	—	—	—
Farsley ...	71	57	52	1453	20	—	—	1	—	14	2278	1455	930
Featherstone* ...	314	—	—	—	—	—	—	22	—	—	—	—	—
Flockton ...	23	25	29	233	14	26	—	3	4	—	—	—	—
Garforth ...	52	53	36	691	104	8	2	4	—	311	3213	2009	1472
Gildersome ...	57	41	46	1249	—	3	—	4	—	—	—	—	—
Goiclar ...	169	74	89	1657	19	57	3	9	—	1	301	298	—
Goole* ...	428	—	—	—	—	—	—	22	—	—	—	—	—
Greasbrough ...	60	46	55	367	6	15	1	4	8	72	1078	838	240
Greetland ...	43	21	39	1139	18	8	—	1	—	3	1669	243	1382
Guiseley ...	75	58	53	444	5	—	2	3	—	11	1531	621	924
Gunthwaite ...	4	3	7	71	1	—	—	—	—	—	—	—	—
Harrogate Boro* ...	464	—	—	—	—	—	—	21	—	—	—	—	—
Haworth ...	69	57	70	1856	18	—	4	4	34	11	963	537	468
Hebden Bridge ...	66	60	49	506	—	—	4	3	—	1190	1141	48	—
Heckmondwike* ...	129	—	—	—	—	—	—	7	—	—	—	—	—
Hemsworth ...	294	302	307	3366	523	16	9	11	—	520	6809	1627	5196
Hipperholme ...	64	44	54	1207	8	—	2	5	17	95	1643	1102	634
Holme ...	4	—	3	6	—	—	—	—	—	—	—	—	—
Honinrth ...	118	127	147	1767	45	1	2	8	—	27	1239	231	706
Honley ...	53	47	51	855	29	7	7	7	—	—	—	—	—
Horbury ...	100	102	100	1050	22	8	6	11	6	—	2768	906	2201
Horsforth ...	170	179	154	586	42	28	10	6	—	96	2809	1284	1247
Hoyland Nether ...	232	295	317	3914	32	—	3	24	—	37	4874	1650	3348
Hoylandswaine ...	18	16	11	166	2	—	—	—	—	—	—	—	—
Hunsworth ...	11	12	1	19	—	—	2	1	—	—	—	—	—
Ilkley* ...	104	—	—	—	—	—	—	5	—	—	—	—	—
Keighley Boro* ...	526	—	—	—	—	—	—	33	—	—	—	—	—
Kirkburton ...	44	46	41	609	—	—	4	3	—	3	1033	680	400
Kirkheaton ...	41	34	52	370	18	39	3	3	12	88	2731	2566	362
Knaresborough ...	92	126	95	1160	4	6	5	9	—	34	1552	1787	—
Knottingley ...	151	129	143	906	20	289	5	4	4	4	988	1021	—
Lepton ...	40	30	36	205	9	17	2	8	—	6	1363	980	500
Lidgate ...	134	103	131	675	—	—	3	—	—	—	—	—	—
Luddenden Foot ...	43	32	42	893	—	—	—	—	—	—	—	—	—
Maltby ...	277	243	231	2444	96	90	7	27	3	88	2865	1347	1280
Marsden ...	64	59	80	1743	15	12	3	2	2	2	1970	1066	1244
Metham ...	51	48	50	970	46	—	1	6	2	16	1866	516	1342
Methley ...	70	60	59	802	10	—	3	20	—	—	1587	942	794
Mexborough* ...	235	—	—	—	—	—	—	—	—	—	—	—	—
Midley ...	27	17	21	529	—	—	6	1	—	—	—	—	—
Mirfield ...	163	157	170	1917	33	21	—	3	—	32	2119	2269	—
Morley Boro* ...	338	40	46	—	—	—	3	13	—	—	—	—	—
Mytholmroyd ...	48	40	46	1414	43	—	—	7	—	—	—	—	—
New Mill ...	51	38	51	1418	20	2	1	15	—	—	—	—	—
Normanton ...	283	300	282	2974	2	21	15	3	—	237	3574	2154	1683
Oakworth ...	45	29	50	490	44	—	1	14	—	—	—	—	—
Ossett Boro* ...	221	—	—	—	—	—	—	—	—	—	—	—	—
Otley ...	166	150	193	553	150	131	4	15	135	147	3015	595	2384
Oxenhope ...	25	24	27	777	43	—	1	2	—	37	2560	204	2376
Penistone ...	50	46	72	846	14	—	2	3	—	—	—	—	—
Pontefract Boro* ...	399	—	—	—	—	—	—	15	—	—	—	—	—
Queensbury ...	79	68	87	1335	—	62	—	4	—	7	1606	1769	41
Rawdon ...	52	33	35	298	98	3	—	2	—	—	—	—	—
Ripon City ...	357	356	305	4169	296	220	12	26	27	291	4814	4143	965
Ripon ...	127	141	120	1513	53	289	5	9	69	59	1419	1230	438
Rishworth ...	14	10	15	183	5	5	—	1	—	—	—	—	—
Rothwell* ...	253	—	—	—	—	—	—	8	—	—	—	—	—
Royston ...	160	151	160	1561	10	15	5	9	27	71	3782	1887	2258
Saddleworth ...	141	114	129	1222	18	336	6	10	—	5	2530	718	2012
Scammonden ...	7	3	7	51	59	85	1	14	—	6	1294	796	629
Selby ...	175	125	123	1171	26	28	6	2	—	—	—	—	—
Shelf ...	42	27	56	1071	59	—	1	1	—	—	—	—	—
Shelley ...	20	21	16	439	6	—	2	1	—	—	—	—	—
Shipley ...	19	20	19	374	—	—	2	—	—	—	—	—	—
Silsden ...	401	—	—	—	—	—	—	31	—	—	—	—	—
Skelmanthorpe ...	62	51	52	552	12	10	3	6	—	3	418	156	273
Skipton ...	32	30	28	1234	12	35	9	3	—	8	2138	1909	561
Slathwaite ...	183	174	171	833	11	—	1	2	—	—	—	—	—
South Crosland ...	73	61	78	622	1	—	1	3	—	—	—	—	—
Southowram ...	49	37	33	519	65	—	1	3	—	—	—	—	—
Sowerby ...	35	22	29	668	2	—	1	3	—	—	—	—	—
Soyland ...	200	115	131	2339	245	54	3	13	—	—	—	—	—
Spenborough* ...	413	23	33	303	21	11	1	19	—	—	1731	1117	800
Springhead ...	78	71	78	938	12	97	1	5	—	—	—	—	—
Stainland ...	57	42	57	1085	31	—	1	2	2	—	—	—	—
Stanley ...	243	222	224	2414	105	14	7	16	2	73	5096	2195	3096
Stocksbridge ...	201	174	179	1999	117	5	4	20	7	22	1882	1931	1882
Swinton ...	287	273	258	2424	1	8	6	8	—	53	3727	2375	1710
Thurlstone ...	36	31	27	488	4	—	—	—	—	—	—	—	—
Thurscoe ...	272	275	281	1525	48	30	8	20	—	129	2215	1467	655
Thursdonland & Farley Tyas ...	17	18	21	479	9	—	1	4	—	—	—	—	—
Tickhill ...	40	38	40	1406	10	20	2	2	10	—	—	—	—
Todmorden Boro* ...	256	—	—	—	—	—	—	18	—	—	—	—	—

TABLE IX
 EFFECT OF TEMPERATURE AND HUMIDITY ON THE GROWTH OF *Aspergillus niger* ON A MEDIUM OF 10% SUGAR AND 1% YEAST EXTRACT IN GLASS BOTTLES

Temperature (°C)	Humidity (%)	Growth (mm)
25	100	10
30	100	15
35	100	20
40	100	25
45	100	30
50	100	35
55	100	40
60	100	45
65	100	50
70	100	55
75	100	60
80	100	65
85	100	70
90	100	75
95	100	80
100	100	85
105	100	90
110	100	95
115	100	100
120	100	105
125	100	110
130	100	115
135	100	120
140	100	125
145	100	130
150	100	135
155	100	140
160	100	145
165	100	150
170	100	155
175	100	160
180	100	165
185	100	170
190	100	175
195	100	180
200	100	185
205	100	190
210	100	195
215	100	200
220	100	205
225	100	210
230	100	215
235	100	220
240	100	225
245	100	230
250	100	235
255	100	240
260	100	245
265	100	250
270	100	255
275	100	260
280	100	265
285	100	270
290	100	275
295	100	280
300	100	285
305	100	290
310	100	295
315	100	300
320	100	305
325	100	310
330	100	315
335	100	320
340	100	325
345	100	330
350	100	335
355	100	340
360	100	345
365	100	350
370	100	355
375	100	360
380	100	365
385	100	370
390	100	375
395	100	380
400	100	385
405	100	390
410	100	395
415	100	400
420	100	405
425	100	410
430	100	415
435	100	420
440	100	425
445	100	430
450	100	435
455	100	440
460	100	445
465	100	450
470	100	455
475	100	460
480	100	465
485	100	470
490	100	475
495	100	480
500	100	485
505	100	490
510	100	495
515	100	500
520	100	505
525	100	510
530	100	515
535	100	520
540	100	525
545	100	530
550	100	535
555	100	540
560	100	545
565	100	550
570	100	555
575	100	560
580	100	565
585	100	570
590	100	575
595	100	580
600	100	585
605	100	590
610	100	595
615	100	600
620	100	605
625	100	610
630	100	615
635	100	620
640	100	625
645	100	630
650	100	635
655	100	640
660	100	645
665	100	650
670	100	655
675	100	660
680	100	665
685	100	670
690	100	675
695	100	680
700	100	685
705	100	690
710	100	695
715	100	700
720	100	705
725	100	710
730	100	715
735	100	720
740	100	725
745	100	730
750	100	735
755	100	740
760	100	745
765	100	750
770	100	755
775	100	760
780	100	765
785	100	770
790	100	775
795	100	780
800	100	785
805	100	790
810	100	795
815	100	800
820	100	805
825	100	810
830	100	815
835	100	820
840	100	825
845	100	830
850	100	835
855	100	840
860	100	845
865	100	850
870	100	855
875	100	860
880	100	865
885	100	870
890	100	875
895	100	880
900	100	885
905	100	890
910	100	895
915	100	900
920	100	905
925	100	910
930	100	915
935	100	920
940	100	925
945	100	930
950	100	935
955	100	940
960	100	945
965	100	950
970	100	955
975	100	960
980	100	965
985	100	970
990	100	975
995	100	980
1000	100	985

TABLE I

